

**Nonduality and the Karmic Cycles of the World:
Integral Health and Development in Thai Contexts**

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ABSTRACT

This thesis considers ongoing changes in Thai healthcare, seen in wider contexts of development, with particular attention paid to existential issues and human volitional action (karma). Consequently, development is analysed with regard to “external” or material development, as well as “internal” development of consciousness. Moreover, although situations involving curing disease/illness are examined, emphasis is laid on health in light of holistic and preventive measures proposed by main informants, who to varying degrees are influential in providing and reforming healthcare in Thailand. Such people generally adopt Dharma (Buddhist teachings) in promoting awareness of health, considered in physical, mental, societal and spiritual terms. Nevertheless, many also discuss the significance of universals and nondual teachings from other contemplative/mystical traditions, which aim at the same purpose; namely, to transcend narcissistic feelings of individuality, so that suffering inherent in the human condition is ended. Thus, “conventional truths” pertinent to specific cultural contexts are seen as relevant, but also are “absolute truths” that transcend them and other dualities.

A central issue of the thesis is consideration of how conceptual analysis and synthesis, and “traditional” and “modern” knowledge (adopting “scientific” modes of inquiry which go beyond empiricism), are currently being integrated in Thailand. This implies both theoretical and practical aspects, and the way that they are adopted in bringing about well-being to the population at large. Using case studies, textual references and primarily experiences of main informants; self-reliance, social engagement, sustainability and dynamic balance are studied in contexts of healing. Furthermore, education (mainstream and alternative modes), the role of teachers and providers of healthcare services (including monks, traditional healers and biomedical practitioners), and implications to policy are examined; as are compassionate, non-violent, and strategic means to effect change and achieve lasting health and happiness.

NOTES ON TRANSCRIPTION

Pali is mainly adopted for Buddhist terms, as used in Thailand. However, Sanskrit is employed for “Dharma”, “Nirvana” and “karma”, words more common in the West than the Pali “Dhamma”, “Nibbana” and “kamma”. Several Thai words are also used; ones that reoccur, like Pali words, are in the Glossary, otherwise the English translation is given when they appear in the text.

For proper names of informants and places, conventional spellings are adopted, or those following personal preferences, as with Thai authors. Otherwise, words in italics are pronounced using the following system:

VOWELS

Short as in Italian and lengthened as written subsequently

a *ā*

e *ē*

i *ī*

o *ō*

u *ū*

eu as in the French “*peuple*”, lengthened to *ēū*

CONSONANTS

As in English except:

kh, *jh*, *ph* (from p, not f) and *th*, all aspirated

k as in gk

p as in pb

t as in dt

ñ as in Spanish (or *ny*)

* For the word *cetanā* (volition/intent), the standard spelling in books on Theravada Buddhism is followed, where the letter “c” is pronounced with an English “j” sound.

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อัมพาต , อัมพาต , อัมพาต , อัมพาต .

For **All Beings**; may they be freed from suffering

And to

Maureen and Bruno,

my beloved parents, who do so much for me;

also **Emerald Wave,**

吳碧波

my partner, whose help is

incommensurable.

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LIST OF ABBREVIATIONS

B	Baht (Thai currency)
CMU	Chiang Mai University
CRIMS	Chiang Rai International Montessori School
CRPH	Chiang Rai Provincial Hospital
EHV	Elementary Human Values
FDA	Food and Drug Administration
GMT	General Medical Theory
HSRI	Health Systems Research Institute
ISSE	(International) Institute of Sathya Sai Education
KTT	Krung Thep Toorakit (newspaper)
NITTM	National Institute for Thai Traditional Medicine
MoPH	(Thai) Ministry of Public Health
Post	Bangkok Post (newspaper)
RDTM	Research and Development Center of Traditional Medicine
SPPH	Suan Proong Psychiatric Hospital
SSS	Sathya Sai School (of Thailand)
TCC	Tai Chi Chuan
TTC	Tao Teh Ching
TCM	Traditional Chinese Medicine
TTM	Thai Traditional Medicine
UE	Universal Energy
WDG	Wai Dan Gong

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Map of Thailand

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Main institutes referred to in the thesis:

MoPH (with NITTM and HSRI) in Bangkok

SSS and ISSE in Lopburi

CMU and SPPH in Chiang Mai

CRIMS, CRPH and RDTM in Chiang Rai

CHAPTER 1

INTRODUCTION

1.1 THEORETICAL CONSIDERATIONS

Through the adoption of rational, contemplative and pragmatic approaches to spirituality and development, as promoted by people I have spent time with during fieldwork and preceding years in Thailand and elsewhere, this thesis seeks to establish ways in which available resources and knowledge may bring about balanced health and development. Particular emphasis is laid on spiritual issues and the development of consciousness (“internal” development), and how this relates to the way healing is undertaken, people are taught about health and how they behave in relation to others and the (“external”) development process in general.

In Buddhism reducing *dukkha* associated with illness/disease is both a theoretical aim and a practical activity, as undertaken and taught by people in Thailand, whether monks, nuns, traditional healers or other lay teachers. *Dukkha* is commonly translated as “suffering”, but, without conveying such pessimism, it literally means “unsustainable” and “incapable of providing perfect happiness” (Chah 1992:35), implying that everything in life and the world is characterised by impermanence, emptiness or instability (Ruhula 1998:17).

Issues of health and development affect all people and can be studied using various analytical frameworks. The framework adopted in this thesis considers nonduality, or what mystics the world over have experienced as universal truth, and its relation to the manifold relative/dualistic concepts generated by human minds. Here nonduality does not refer to a lofty “other-worldly” experience, but rather a way of living which is “world-oriented”, as put into effect by those who seek to selflessly help others and themselves live with less *dukkha*. Buddhism may have inherent philosophical problems which appear irreconcilable, yet in practical terms healing in Thailand is being undertaken and promoted by various individuals and groups informed by a spiritual “superstructure” which transcends paradoxical complexities. This “superstructure”, as used by the practitioners who work with it, relates to the

understanding that much of healing is based in the mind. In certain situations, such as with people with apparently terminal sicknesses, including AIDS, healing may seem impossible; however, even here people can learn how to better come to terms with circumstances and reduce *dukkha*'s arising (cf. Pennapa 1994b).

By applying both spiritual and interdisciplinary academic inquiry, I have sought to draw out elements of what might be considered "higher" Buddhism (*vis-à-vis* popular/folk Buddhism) as it relates to therapy practised "on the ground" in Thailand. Consequently, although a considerable degree of participation and involvement, or participatory practice, took place during fieldwork and judgements are made, main informants are largely responsible for the image projected. Buddhadasa (1989:4), one of the last century's most renowned Thai monks, comments that interpretations of "the Truth" vary from person to person, depending on their level of perception, and anything beyond these faculties is not recognised as true. Nevertheless, he (*ibid*:4) adds:

"Each person's conception of the truth may change and develop with the day by day increase in his degree of intelligence, knowledge and understanding, until such time as he arrives at the ultimate truth: and each of us has different ways of examining and testing before believing."

Here "believing" implies "knowing" by applying *paññā* (wisdom) (Section 2.9). Although many ways exist to reach ultimate transcendental truth, the same conclusions are reached - the essence of the world's great wisdom traditions or the "Perennial Philosophy" (Huxley 1946). In this thesis a comparative study is not undertaken, though some mention is made of cases beyond Thailand, and theoretical ideas from disciplines other than Buddhism are used. This reflects what might be growing awareness of certain people in Thailand of issues of spirituality, how they relate to other nondual traditions and how they may be used to generate greater understanding among people of different cultures, including variations in Thailand.

Paradoxically, particular cultural contexts occupied by people who believe in universals are considered. These people may echo sentiments of others, like "culture guru" Hofstede (1994:170), who comments that "...dimensions dealing with basic human relationships seem to be so universal that they somehow show up in whatever multicountry value study we do." In academic inquiry, cultural relativism, phenomenology and hermeneutics help understand behaviour and how minds work. However, while accepting positive contributions of postmodernism and being "politically correct", I suggest not taking this to the extreme in being completely egalitarian, pluralistic and liberal, by recognising all views as equally valid. Hence an

“integral perspective”, as promoted by several informants, is proposed, with certain things indeed considered “better/higher” than others. This is not ethnocentric, since the spiritual traditions of the Perennial Philosophy flourished in many parts of the world. It does not deny freedom of expression, though it points to a “better” condition with freedom from individual and collective *dukkha*. Furthermore, I assert that it is not about dogma and belief, but rather about adopting wisdom/*paññā* to cleanse perception and transcend the ego-self (cf. Wilber 1991:88-89, 1999:267).

In examining phenomena, a “holarchic” (*vis-à-vis* hierarchic) approach, in which the “higher” includes and transcends the “lower” (Section 2.15), and related ideas of dynamic balance are employed. These inform the concepts of “integral development” and “integral health” (discussed below) used throughout the thesis. Moreover, teachings of the Buddhist “reformer” Buddhadasa Bhikkhu (1906-1993), whom I met a handful of times in his final years are used. Also used are works of scholar monk Prayudh Payutto or Venerable Phra Dhammapitaka (1939-), and Venerable Ajarn Chah (1918-1992), who established meditation centres world-wide, and whose teachings are still transmitted by many living disciples, some of whom were informants. These far-reaching theoretical works and their practical implications are mainly directed to Thais in their own cultural contexts, yet can be applied to people in other societies. Furthermore, the writings of eminent transpersonal psychologist Ken Wilber are employed to inform much of what is said about health and spirituality in contexts that seek to integrate Eastern and Western teachings. This can be applied to Thailand as it develops; moreover, several more-educated, English-speaking informants themselves adopt Wilber’s ideas.

1.2 PARAMETERS OF RESEARCH

Buddhism sees everyone consisting of the five *khandha* (aggregates of existence)¹; and the four *dhātu* (elements), *ḍi* (earth), *nām* (water), *lom* (wind) and *fai* (fire). While Jung (1991) argues that “within” all human minds, usually unconsciously, exists a potentially-balancing force, the “animus”/“anima” for females/males. In Thailand, people working to develop spiritually often consider the spirit (*jī*-*wiññān*) that develops as “genderless”. Moreover, only through attachment to more superficial and differentiated manifestations and feelings do people see themselves as distinct individuals or members of specific ethnic, societal, religious or any other group.

¹ *Rūpa* (material form/corporeality), *vedanā* (feelings/sensations), *saññā* (perceptions), *sankhāra* (mental formations/volitional activities) and *wiññāna* (consciousness).

Exploring differences between people in standard sociological manners may yield benefits, but may also distort issues and make working together for individual and collective improvement harder. Consequently, relatively little analysis of social differentiation of “healers” and “patients”, spatial distribution of healthcare centres and classification of healing methods is undertaken. Many informants feel that healing without spirituality could be seen as purely a chemical process, void of dynamic “human” elements. This does not imply that the processes are not significant, and on the empirical level mention is made of various issues related to therapy, development trends, dissemination of knowledge, and government and non-government participation in regulating Thai Traditional Medicine (TTM) and promoting healthcare reform.

Central to this thesis is the study of the extent to which spirituality influences pragmatic approaches to development and healing and the way these matters are inter-linked. Therefore, though culture is relevant, “cultural relativity is not the whole truth”, since “universal features” known as “deep structures” (*vis-à-vis* “surface structures”) exist, and these are “everywhere essentially the same” (Wilber 1991:78). In physical terms, this equates to considering internal organs, bones and bodily functions; while on the mental level, conceptual and linguistic structures with universal similarities also exist. The same applies to “the human spirit”, which “...universally grows intuitions of the Divine. And those intuitions and insights form the core of the world’s great spiritual or wisdom traditions” (ibid:79). Here too exist surface structures, but the deep structures are in keeping with the Perennial Philosophy.

Wilber (1991:79-88) summarises spirituality’s essential universals as:

1. Spirit exists (as an ineffable experience dependent on evidence testable and checkable against experiences of mystics the world over. Thus, mysticism is scientific rather than dogmatic, like all other genuine experiences, including empirical ones).
2. Spirit is found within (though in effect transcending duality means no within or without; but until this is realised, one must work on replacing identity with the *attā* by identity with universal Spirit).
3. Most people do not realise these points as they live in fallen or illusory states of separation and duality (thus focusing awareness on their *attā* and mortal body rather than “letting go” and embracing infinite Spirit).
4. There exist ways/paths out of the illusory states (or suffering) to liberation (whether through meditation, yogas or contemplative prayer that work to transcend the *attā*).

5. Following these paths to their conclusion results in Enlightenment or *direct experience* of Spirit within (where the *attā* dies and there is unity with “the eternal present or timeless now”, referred to as God or other names).
6. This marks the end of all suffering.
7. True Enlightenment issues in selfless service (or social action driven by compassion, mercy and “skilful means”).

On empirical levels of study spirituality is often not considered, or recognised to have a potentially-transcending influence on all human activities, whether in medicine, development studies or other fields of the social sciences. This has influenced me to examine why it is so, how surface structures and deep structures may be interrelated and what alternative approaches might be available for Thailand as it develops and modernises. I propose that “at the margins” there are individuals and groups working to spread awareness of more “integral” theories and practices related to development and health, and the extent of their activities are the focus of research.

1.3 CONTRIBUTIONS TO ACADEMIA

In the thesis, words and concepts are employed to best reflect sentiments of informants who use nondual universal arguments, especially those related to the Buddha’s teaching (Dharma). These people deeply consider existential matters and see that ultimately everyone is interconnected and should act compassionately. Thus, beyond individual karma exists collective karma of all sentient beings, as well as universal truths beyond conventional truths influencing people. Such thinking, as asserted repeatedly, fulfils scientific rationale, yet goes beyond rational science to meta-science. Furthermore, inconsistencies become meaningless when dualities, especially those related to seeing the *attā*, or individual ego-self (which clings to a sense of “me” and “mine”), as separate from all others are transcended. This in turn is only achievable by developing consciousness to higher levels.

Much is written on how to extinguish *dukkha* in theological or spiritual contexts, while there are abundant writings on development and health with little or nothing said about transcendent issues and the root causes of human problems. Hence numerous citations and ideas from books on Buddhism and spirituality, as well as those on more “mundane” affairs are used to breach gaps between them and integrate their valid contributions. However, rather than establishing a new theory, existing ones are synthesised. Moreover, ideas shedding light on how development and healthcare are

currently dealt with in Thailand, and how certain people actively promote greater understanding of practical spiritual issues for societal benefit are critically evaluated. Sometimes authors are cited “approvingly” to support arguments in the thesis. Yet elsewhere they are cited “disapprovingly” because at a deep level some of what they say (which may reflect views of many who actually *hinder* progress for collective benefit in the widest sense) is not consistent with the paradigm main informants propose.

In analysing subject matter, following a high degree of participation in fieldwork, an eclectic or multi-disciplinary approach is adopted that touches on issues in anthropology, development studies, philosophy, psychology and religious studies. I wish to challenge particularly materialism and a lack of integral-balanced thinking in development studies and relativism in anthropology, and consider to what extent “external” development is connected with “internal” feelings of well-being. Moreover, I wish to examine how more holistic views might be integrated into the overall healthcare and development agenda and what prevents this happening. Below an overview of the main chapters of the thesis, covering principal issues of research, is given:

CHAPTER 2 considers theoretical matters and how absolute truth appears paradoxical when viewed dualistically by “conceptual minds”. However, in Thai contexts this is not only a theory that lays down what could be termed a “Buddhist vision”, it is something certain people in Thailand actually refer to and use for therapeutic purposes. With greater understanding of the mind and human behaviour it is argued that a variety of Western and Eastern findings, from empirical science to psychology and mystical/contemplative traditions, are all contributing to a more integral approach to Thai health, healing and development. This I feel can contribute to better understanding of healing in Thai contexts, and issues of health and development in wider contexts incorporating the Perennial Philosophy.

CHAPTER 3 critiques materialistic (“external”) development discourses principally dependent on quantitative empirical and statistical measures, and void of insights into *lokuttara* (the transcendent world), and *tanhā* (desire), what Buddhism sees as *dukkha*’s root cause. Furthermore the significance of dominant concepts in development discourse, such as growth, needs, sustainability and equity, are examined. It is proposed that, like issues of health, (material) development should be considered in light of the development of consciousness, so they may be treated “integrally”, and “internal” and “external” dualities may be transcended. The significance of dealing with *tanhā* and letting things follow their natural course (Section 3.8.3) is stressed continuously in the Taoist classic, the Tao Teh Ching (TTC), written over 2,500 years

ago by the Chinese sage Lao Tzu. This work is often cited, because several informants value it and I feel it most effectively captures the mystical essence of nonduality.

CHAPTER 4 looks at the way in which biomedical practitioners and traditional healers treat disease/illness and heal, as well as developments within TTM. Although some reference is made to empirical findings, greater emphasis is laid on qualitative and subtle factors concerning the mind and its relation to health. Moreover, traditional healers in particular are not studied so much with regard to socio-economic differences and specific methods of healing, but rather at the foreground of research is the spiritual side of healing which exists or is lacking whatever form of therapy.

CHAPTER 5 deals more specifically with consciousness development and particular cases of healing interaction. Holistic and integral practices, regarding “integral health” (considering all levels: physical, mental, societal and spiritual), are examined holarchically, or at least used as referential criteria. Furthermore, concepts of self-reliance and the extent to which this may be applied in present-day circumstances are considered, while practical ways of dealing with disease/illness at different levels of health, as suggested by certain informants, are discussed.

CHAPTER 6 considers the role of education in various terms, from mainstream to more “alternative” formal schooling, to informal methods of teaching, with particular stress on healthcare. Using specific examples, education is evaluated regarding the extent to which both individual and collective benefits may result. Challenges being faced by educators seeking to employ more integral approaches are also studied, especially with regard to psychological factors and attempts to maintain what may appear to be a disappearance of valuable traditional knowledge and make it more accessible to a wider audience.

CHAPTER 7 examines existential issues and their significance in matters of health, the evolution of consciousness and different strategies of resistance leading to social change, as well as the extent to which healthcare reform in Thailand is being influenced by recent development trends. Laughlin (1994:100), discussing “psychic energy experiences”, proposes an “anthropological framework” which accounts for “cross-cultural universals in the structures of experience”. This prompts consideration of anthropology in a Kantian (hence universalistic) sense which transcends cultural or social anthropology. “Transpersonalism” is a “movement in science toward the acknowledgement and significance as data of extraordinary experiences that go beyond the boundaries of ordinary ego-consciousness”, and reports of “spontaneous transpersonal experiences” appear to be increasing “in the field” (Laughlin *ibid*:100-

101). In this chapter aspects of transpersonalism, including “nonlocal mind” (Dossey 1999), and psychic energy (*phalang-jit* in Thai), as well as psycho-physiological energy (*prāna* in Ayurveda, *chi* in Chinese and *lom-phrān* in Thai) in healing are considered.

1.4 PRE-FIELDWORK AND FIELDWORK

In this thesis the approach used to undertake research and consider and analyse findings is influenced by my background, interests in a variety of academic and extracurricular disciplines, and travels in forty-five nations. My Jewish mother of British-Polish-Russian descent, my Catholic Italian father and my Buddhist-Taoist partner and her family of Thai-Chinese origin have all contributed to exposing me to elements of the West and East.

At the age of five (almost thirty years ago) I first experienced feeling no boundary between myself and all around me; this came without warning and induced fear as it paradoxically felt as if there was no sense of individuality. Later I realised that in meditation such sensations can be achieved consciously. After practising Chinese health-promoting martial arts for four year and being attracted to East Asian aesthetics I sought the source of these wonders (as I initially perceived them) by studying Confucianism, Taoism and Buddhism. Later I oriented my university studies² toward Asia, particularly Thailand, while regularly travelling to East Asia and studying various forms of health promotion, especially related to diet, mind-body exercises [e.g. Tai Chi Chuan (TCC) and yoga] and meditation. I also became a Samanera (novice monk) at a forest temple in Trat Province, Thailand during a 1990 summer holiday from LSE.

Having completed my MA from 1993-1999 I lived in Thailand, lecturing in economics and teaching TCC at Assumption University and Rangsit University. I also lectured at Thammasat University. During these six years I spent much of my free time in Thailand (especially Bangkok and Chiang Mai) and China studying healing arts including acupuncture and moxibustion, Thai and Chinese massage and reflexology. I also attended meditation retreats in Thailand and Japan, and during a holiday from lecturing in 1997 I became a monk in the temple where I had been a Samanera. Along with conversations with Buddhist monks, nuns and lay practitioners, these experiences allowed me to establish contacts and made me familiar with the general healthcare environment and existing networks. This all set me up for fieldwork, making access to

² BSc (completed 1991) at LSE (Economics, specialising in Population Studies) and MA (completed 1992) at SOAS (South East Asia Area Studies, specialising in Economic Development).

people and sites easier. Moreover, having recorded much of what occurred during encounters with healers and observing their interactions with patients (especially through taking abundant notes and photographs), I had data I could draw on and add to during fieldwork. My preparation particularly allowed me to focus specifically on aspects of research I wished to include in the thesis.

I felt motivated to undertake a PhD for two main reasons, distinctions between which I have sought to transcend; an “inner” motivation from an interest in spiritual development, and an “outer” one related to being better able to help others understand such issues. Returning from Thailand in September 1998 I attended various MPhil and MA seminars, workshops and courses in the departments of Development Studies, Anthropology & Sociology, Geography and History. These helped me understand the demands of more conventional academic research, though I continued studying works on spirituality, as from the outset I wished to establish a synthesis between the two.

I spent a month in Thailand during December 1998-January 1999 (before returning to SOAS for additional methodology and research preparation) looking for an “ideal” fieldwork research site - with traditional healers, biomedical doctors, NGO development workers, a healthcare station and a temple, all in a rural village community. As no such site was found I ended up undertaking a broader form of multi-sited research principally in and around Bangkok and the provinces of Lopburi, Chiang Mai and Chiang Rai (see map on page 12). In these areas I found a workable condensation of people, networks, centres and venues which provided me with necessary research findings. In order to cover considerable distances within provinces/regions I usually travelled on a motorbike, while longer journeys were taken by train and bus. The fieldwork year, which commenced in September 1999, went as follows:

MONTH 1: I stayed in Bangkok and I met several biomedical doctors and other healthcare practitioners I knew from my years living in the city, and with Dr. Santi* (see below) went to the Sri Wichai 3 Hospital where biomedicine and acupuncture and massage are practised. I visited Thailand’s largest NGO, the Population and Community Development Association, and discussed Thai health and development issues with staff and acquired written documents on their policies, findings and performances. Later I did likewise at their provincial offices in Northern Thailand³, but did not pursue matters further as they did not have healthcare projects including traditional medicine. In Bangkok I also went to the Thai Inter-Religious Commission

³ In Chiang Mai, Chiang Rai and Wieng Pa Pao.

for Development, the International Network of Engaged Buddhists, Traditional Medicine for Self-Reliance and the Thai Health Foundation, all NGOs where I got written documents covering their activities and talked with staff. Finally I met academics doing research into issues of development, healthcare and spirituality at Thammasat and Chulalongkorn Universities. I returned to Bangkok several times during fieldwork, including visits to the National Institute for Thai Traditional Medicine (NITTM) and the Health Systems Research Institute (HSRI), both at the (Thai) Ministry of Public Health (MoPH), and Thailand's sole traditional medicine university, Ayurvedvidyalai, where I spent time with staff, teachers and students.

MONTH 2: I remained in the provinces of Chiang Mai and Chiang Rai, starting at Chiang Mai University's (CMU) Anthropology Department, where I was registered for official research purposes. At CMU I spent time at the Chiang Mai Neurological Hospital, the Research Institute for Health Sciences and the Social Science Research Institute. In Chiang Mai I also visited the Traditional Medicine Hospital (where in April 1996 I studied Thai massage), NITTM's Northern Thailand branch, the Chiang Mai Traditional Healers Fellowship⁴ and Northnet (an NGO with projects promoting TTM).

In Chiang Mai province I went to two hospitals with biomedicine and traditional medicine, the Mae Orn Sub-District Hospital and the Fang District Hospital, and studied local traditional healers practising at home or in temples. In Chiang Rai province I visited the Phayamengrai District Hospital, in Thailand often considered a model example of integrating biomedicine and traditional medicine. Later, when based in Chiang Rai at the Research and Development Center of Traditional Medicine (RDTM), which I also first visited on this "reconnaissance" trip, I returned to this hospital to study local traditional healers. I left Northern Thailand with an overview of existing healthcare circumstances and having met traditional healers I had studied with in past years.

MONTH 3: I was mainly in India with Dr. Suvinai* (see below) and other fellow TCC and meditation practitioners at Sai Baba's ashram, though I also visited Buddhist temples and centres of Ayurvedic medicine in Sri Lanka, and like in Thailand I found awareness of spirituality in healing. In India I participated (as a Thai delegate) in the "Sri Sathya Sai Second World Youth Conference" (18-21 November 1999) in Prashanthi Nilayam, Andhra Pradesh. Attending to discuss issues of spirituality, community service and education were over 2,000 overseas delegates and several thousand from India. There I first met Dr. Art-ong*, Dr. Teerakiet* and Khru Nui* (see

⁴ Which co-ordinates a network of 40 traditional healer societies across Chiang Mai province.

below). In India I also visited Sri Aurobindo's Ashram in Pondicherry, acquiring literature and meeting people there to discuss issues common to contemplative traditions; this enriched my vision concerning international awareness of spirituality.

MONTH 4: My time was mainly spent in and around Bangkok. I visited the "Fourth International Exhibition of Spiritual Sciences" (10-12 December 1999), meeting (traditional and "new age") healers, and attended the "'99 Vancouver International Symposium of TCM [Traditional Chinese Medicine] Academic Research and Achievement" (19-20 December 1999) to see how Thai TCM practitioners view existing global and local health trends. Additionally, following Khru Nui's* invitation, I visited the Sathya Sai School (of Thailand) (SSS) in Lopburi province and was introduced to the prominent traditional healer Ajarn Prasart* (see below).

MONTH 5-7: I remained at SSS spending time with Dr. Art-ong* and Dr. Teerakiet*⁵, Khru Nui* and others, and noting how education with a spiritual emphasis can effectively benefit individuals and society. I also spent numerous hours with Ajarn Prasart*, travelling between his home and SSS by motorbike. Furthermore I occasionally travelled to RDTM and to Bangkok, such as for the inauguration of Arthit Magazine (18 January 2000), now a popular magazine/journal dealing with various philosophical, socio-economic, political and artistic issues from a spiritual perspective. I contributed a column "*Marco Polo pāk jit-wiññān*" (Marco Polo in the Spiritual Age), featuring articles from my research findings, with specific reference to "integral health". This continued until I left Thailand.

MONTH 8: Before spending the rest of my year in Northern Thailand, I represented RDTM presenting three papers⁶ at a conference in the Philippines: "Indigenous Knowledge and Practices on Mother and Child Care: Experiences from Southeast Asia and China", during 3-16 April 2000⁷. The conference revealed various perspectives on healthcare currently prevailing in Asia, with discussions on indigenous knowledge and practices in light of the power of modern scientific thought and "Westernisation". It also showed that ethical underpinnings and questions of validity concerning indigenous knowledge are becoming more pertinent issues in developing countries, where (for all their benefits) limitations of materialistic development, technology and biomedicine are increasingly recognised.

⁵ They both lecture on weekends at the (International) Institute of Sathya Sai Education (ISSE) located next to and associated with SSS.

⁶ Later published, including Roncarati 2000 (see bibliography).

⁷ Funded by UNICEF, PLAN International, Save the Children, and Lutheran World Relief.

MONTH 9-12: I mainly stayed at RDTM and elsewhere in Chiang Rai province, but also studied traditional healers in Phayao, Nan and Chiang Mai provinces. Moreover, I attended the “First Conference on Research to Empower Communities”, in Chiang Mai (24-26 April 2000), with 500-plus academics and development workers. At RDTM I participated in projects to gather data on Northern Thai traditional medical theory. This also involved a conference (26-28 June 2000) with thirty traditional healers from Chiang Rai, Chiang Mai, Lamphun, Phrae and Phayao provinces.

At RDTM I taught TCC, yoga and reflexology, and gave workshops on them to local MoPH officials at the Centre for the Promotion of Dental Health, Chiang Rai. Furthermore, by spending considerable time with traditional healers, I added to research findings from time spent with Ajarn Prasart*, whom I returned to see three times (also re-visiting SSS). These experiences provided much material for Chapters 4 and 5. In these last months I also taught TCC to children at the Chiang Rai International Montessori School. Findings from here and SSS inform much of Chapter 6.

1.5 RELEVANT METHODOLOGY

This thesis, drawing on literature/material in English and Thai to test and develop my arguments, relies mainly on primary data from face-to-face dialogues with informants. When informants raise specific issues the date is included and past tense used; otherwise sentiments conveyed over many meetings are attributed to informants adopting the present and excluding dates. All main informants (listed below) feature in the thesis and provided much of the research findings. There were others with whom I spent time and discussed relevant issues; but their net contribution was less significant, or they preferred not to be identified. Identity has generally been avoided, both for patients and healers, when considering healing case studies.

In aiming to contribute to a more-engaged methodological approach, quantitative data is used sparingly, while evidence from informants’ direct experiences and reasoned reflections are given greater weight. This is because I seek to reach beyond classic empirical-scientific methods of measuring data, where the gross-matter realm is measured in terms of physical extension, physical space and physical time (Wilber 1996:77) to higher realms. These include the phenomenological realms, with inter-subjective understanding and a rational method of measurement related to “psychological space” and “narrative time”, to the most subtle and all-encompassing contemplative realms where issues of spirituality are in the foreground, though there may be paradoxes of the nature inherent in dualistic perceptions. Here data-based

measurement becomes increasingly difficult to undertake, yet, through the discourses of informants, based on their experiences (many of which are consensual), data pertinent to integral health is considered. This methodological emphasis on experience reflects the approach of prominent humanistic psychologist Carl Rogers (1967:23-24):

“Experience is, for me, the highest authority...”

“Neither the Bible nor the prophets... Freud nor research... the revelations of God nor man... can take precedence over my own direct experience...”

“My experience is not authoritative because it is infallible. It is the basis of authority because it can always be checked in new primary ways. In this way its frequent error or fallibility is always open to correction.”

Moreover, individual experiences can be checked with those of others when dealing with the apperception and ways to achieve material development to induce equitable and sustainable well-being, how to live the dynamics of balanced integral health and how to develop consciousness. Hence errors are minimised and time/effort is saved when *paññā* is applied and the Perennial Philosophy’s paths are followed.

Familiarity with informants’ views on health, education and development was acquired through what were generally a series of lengthy and in-depth conversations, apart from initial meetings involving introductions, formalities and the gaining of mutual trust⁸. As a means of recording findings many notes were taken during and after interactions, yet only a small part have been used directly, especially regarding specific cases of healing. The same is true with photographs. Informants’ discourses may not always have concurred with their thoughts and behaviour, but frequently I spent time with them *and* other people (e.g. family members, friends, patients, teachers/masters and students/disciples) and paid attention to differences in opinion. I also evaluated them and found out about them from people with potentially or explicitly conflicting interests, such as practitioners (biomedical or traditional) who might be considered competitors, patients not satisfied with cures, or officials viewing matters differently.

A basic questionnaire was used with the 32 traditional healers studied to gather data on background, healing practices and sentiments on how and to whom knowledge should be disseminated. Nevertheless, I got to know well only ten of the healers, including how they practise and interact with patients; most of them are included in the list below. It features “providers” and “teachers” of healthcare, and the majority are males in their middle years. It reflects accessibility (to me) and, more than anything, availability; as, although there may be changes, currently healthcare, especially

traditional healing, is dominated by middle-aged to older men. This might be considered an imbalance and this matter is discussed in Section 2.15.

Main informants may be more knowledgeable than average people, whether regarding academia or practical healing knowledge. They could thus be classed as “special”; but, all being practising Buddhists and most accepting this as one of many paths to nonduality, they tend not to see themselves as special. They generally feel that anyone (aside those mentally handicapped, who should be helped), with commitment and effort can acquire *paññā*; but this implies actively working on oneself to reach the root cause of problems and the sickness of *avijjā* (ignorance/delusion), and prevent them arising. As the TTC states: “Only when one is sick of this sickness can one cease to be sick” (Chapter 71, cf. Ni 1989a:87). Likewise, Buddhadasa (1998:114) writes that we are born ignorant/stupid and thus have *dukkha*, but when we are fed up with *dukkha*, *paññā* develops, our ignorance/stupidity ends and we can extinguish *dukkha*.

Many main informants are highly (formally) educated, while several have only four years formal schooling. They are referred to by their title and first name (how others commonly know them), followed by an asterix, not including surnames. With Mor Noi* and Khru Nui*, these are their common forms of address (followed below by their proper names). After names are age and gender. Most main informants I consulted during fieldwork, but some of them (where stated) I have known for longer. Otherwise, the list, roughly divided into “traditional” (monks and traditional healers) and “modern” (academics, teachers and biomedical practitioners), at least *vis-à-vis* education and practice, serves as a basic introduction.

1.6 MAIN INFORMANTS

MONKS AND TRADITIONAL HEALERS

Luang-poo Putta-isara* (early-forties). Samanera and monk for over thirty years. Based in Nakon Pathom province. One of Thailand’s most renowned Dharma exponents. I have known him since attending his meditation retreat of December 1997.

Phra-ajarn Rat* (Ratana) Ratanayano (early-fifties). Former schoolteacher and monk for over twenty years. Well-known for meditation healing techniques often used by HIV/AIDS sufferers. Based in Chiang Mai province, but regularly travelling around Thailand to teach. I have known him since attending his March 1998 meditation retreat.

⁸ Except with Ajarn Sulak*, Dr. Prawet*, Dr. Art-ong* and Dr. Teerakiet*, where English was mostly used, I mainly used (Central) Thai and communicated alone. Yet sometimes Northern Thai was used, and, due to my lack of proficiency, I was then usually with RDTM staff.

Than Chan*, (late-thirties). Socially-active monk for over ten years, with his own radio show in Bangkok. I have known him since 1993.

Phra Pongthep* Dhammagaruko (late-forties). Monk for over twenty years, involved with UNICEF-supported social action activities and projects. In 1994 he founded the refuge/hospice for HIV/AIDS sufferers, "Friends for Life Home", just outside Chiang Mai, where by late-1998 over 2,000 people had been trained in caring for those afflicted (Francis 1999:11).

Luang-phor Khun* Tikukhawiro (late-fifties). Monk for over thirty years. Abbot of Wat Udom-waree, a forest temple in Chiang Rai province. One of Ajarn Chah's best-known living disciples who regularly gives sermons across Thailand.

Sumano Bhikkhu* (early-sixties). Monk for over twenty years. Considerable experience in healing and regularly runs meditation retreats. Spends his time between Korat and Chiang Rai provinces.

Ajarn Prasart* Tetyaem (early-fifties, male). Multi-talented healer and meditation master in Lopburi province. Teacher of herbal medicine at the MoPH.

Ajarn Pinkaew* Tannuan (mid-fifties, male). Multi-talented healer in Chiang Mai province. Recognised by NITTM as one of Northern Thailand's most valuable living TTM "experts".

Ajarn Pichet* Boonthumme (early-forties, male). Masseur, herbalist and ritual expert in Chiang Mai province. Well-known in Thailand and abroad, with dozens of foreigners (including professional chiropractors and biomedical doctors) studying with him every year. I have known him since studying massage with him in March 1997.

Ajarn Somjai* Ruenkaew (early-fifties, male). Multi-talented healer in Chiang Mai province. One of Northern Thailand's most-respected TTM teachers.

Ajarn Singkham* Yoatmoondee (early-fifties, male). Numerologist/fortune teller and herbalist in Chiang Rai province. President of the Chiang Rai-Phayao traditional healer society.

Ajarn Saengduen* Peuatongsa (early-fifties, female). Masseuse and herbalist. Originally from Northeast Thailand but living in Chiang Rai for over thirty years.

Ajarn Chan* Sawangthit (mid-sixties, male). Herbalist and ritual expert in Chiang Rai.

Ajarn Tong* Utakham (early sixties, male). Herbalist in Chiang Rai province who regularly works with the MoPH.

ACADEMICS, TEACHERS AND BIOMEDICAL PRACTITIONERS

Dr. Art-ong* Jumsai Na Ayudhaya (early-sixties, male). Son of a royal father. Prominent scientist, educator and politician. President of SSS, ISSE and the Morakot Company (cooking oil). Former Lecturer in Engineering at Chulalongkorn University.

Dr. Teerakiat* Jaroensettasin (early-forties, male). One of Thailand's foremost psychiatrists and Associate Dean for International Relations at Khon Kaen University. Involved with SSS and ISSE. Underwent training at the Maudsley Institute of Psychiatry and has worked at the Royal Free Hospital, London.

Khru Nui*, Kamtorn Sirimongkon (early-thirties, male). Primary school teacher living at SSS and involved with ISSE. Chulalongkorn University graduate and currently studying an MA in administration at Rhamkhamhaeng (open) University.

Khun Wilaiwan* Ananchaipattana (early-forties, female). Nurse at the Chiang Rai Provincial Hospital (CRPH).

Mor Noi*, Dr. On-anong Bhulsawasdi (early-thirties, female). Dentist at the Centre for the Promotion of Dental Health, MoPH, Chiang Rai.

Dr. Prasert* Plitponganpim (early-forties, male). Psychiatrist at CRPH. Member of the Thai Board of Psychiatry. Underwent training at the prestigious Sirirat Hospital, Bangkok.

Dr. Prawet* Wasi (early-seventies, male). Neurologist at the Sirirat Hospital. One of Thailand's most respected healthcare, education and development statesmen and "gurus". Author of dozens of books and involved in government policy-making.

Dr. Santi* Pibungoonsamrit or Sun Zhenrong (early-fifties, male). Bangkok-based acupuncturist and herbalist. My main acupuncture and moxibustion teacher since 1994. Deputy Chairman of the Asia-Pacific Council on TCM Andrology Science. Teacher of acupuncture at the MoPH.

Dr. Pennapa* Subcharoen (early-fifties, female). Director of NITTM and author of several books on TTM.

Ajarn Sulak* Sivaraksa (early-seventies, male). Social critic and friend of the Dalai Lama. Author of many books on social activism in English and Thai. Nobel Peace Prize nominee. Founder of several NGOs (Section 6.7).

Dr. Suvinai* Pornavalai (early-forties, male). Associate Professor of Economics at Thammasat University. Author of over twenty books on economics, meditative martial arts and spirituality. One of my main TCC teachers since 1995.

CHAPTER 2

PHENOMENA ARISE:

KARMIC REPERCUSSIONS

AND DUALITY'S INHERENT CONTRADICTIONS

2.1 INTRODUCTION

The term “nature” (*thammachāt* in Thai) is a mental construct subject to individual and collective interpretations; yet it can also refer to things in nature “as they are” (*yathābhūtam*), without conceptual interference from *avijjā* (Rahula 1998:40). This implies an undifferentiated “state”, uncorrupted by subjective, and ultimately even objective, considerations. Therefore, when Ajarn Prasart* was explaining nature two days after his mother’s death (23 February 2000), he said that she had “returned to nature”. She was 75-years-old and he had spent increasingly more time attending to her personal needs after she suffered a stroke four years earlier. He maintained that his mind was calm and, though the death of a loved one induced emotion, he just let it run its natural course without attachment, and thus did not experience *dukkha*.

Ajarn Prasart’s* mother had physically returned to the four “external” *dhātu* that permeated her body while she was alive. Though these are generally considered the elements that constitute life, they are representations of dynamic energies operating “externally”, yet also “internally” in how the body is formed and functions. There are indeed other elements, especially *ākārt* (ether) and elements of the mind significant in sustaining human life (Chapter 8). However, before pursuing further differentiation and discussing theories of TTM (Chapter 4), nonduality, which can be alluded to by the terms Spirit, Absolute, Emptiness, Godhead, Atman, (One) Mind, Self, etc. is dwelt on. In nonduality no distinction exists between “internal” and “external”, as with the four *dhātu*, or other relativistic concepts. Nondual mystics universally maintain that the relative world and absolute reality are “not-two”, like “...a mirror and its reflections are not separate, or an ocean is one with its many waves” (Wilber 1998a:283). Finding words to describe this ineffable universal, has challenged minds of great thinkers East

and West; and, defying all definitions, it can only be pointed to, rather than grasped intellectually. For instance, Lao Tzu (TTC Chapter 52, cf. Ni 1989a:66) states:

“All of creation has a common beginning
...the Mysterious Mother of all.
If we know the mother, we may know her offspring.
Know the offspring, yet stay with the mother,
And the essence of your life will never be exhausted,
Even though your body be dissolved.”

Only minds free of clinging to any vestige of identity with *attā* can indefinitely experience nonduality, but any individual can potentially experience and develop this capacity to extinguish *dukkha* and “attain” *lokuttara-sukha*⁹. A common, though rarely discussed in Thailand, Buddhist belief is that in each “ordinary person” exists a spark of *bodhi* (Buddha Nature) which, when developed, can help them transcend *tanhā* and overcome *dukkha*.

Pursuits of freedom from *dukkha* and sublimation of *tanhā* are often misinterpreted as “other-worldly”¹⁰. Nevertheless, transcending the *attā* liberates one from all dualisms (this/other-worldly, etc.). Moreover, *lokuttara-sukha* is experienced as happiness independent of material things and any other attachments (Payutto 1994a:92), as opposed to *lokiya-sukka* (worldly happiness), the transient “happiness of slavery” where one is “dragged along by the world” (Buddhadasa 1999:95).

The senses are not “evil”, unless they enslave. In fact working within the framework of sensory pleasure for individual and societal benefit may generate favourable “conditions” for “blameless behavior” leading to spiritual growth, and *lokuttara-sukha*. According to the Buddhist scriptures:

“...four kinds of happiness are appropriate for... [householders, *vis-à-vis* monks, who enjoy] the pleasure of the senses. They are the happiness of ownership... enjoyment... freedom from debt, and... blamelessness... [T]he wise man, comparing the first three kinds of happiness with the last, sees that they are not worth a sixteenth part of happiness that arises from blameless behavior” (Anguttara Nikaya vol.II.69, cf. Payutto 1994a:85-86).

Such a realisation is a human possibility independent of time and space and has been the essence of statements made by sages the world over, from Lao Tzu, Gautama Buddha and Ramana Maharshi to Plotinus, Ekhart and Emerson. In Thailand, paradoxical statements are often used to encourage transcendence of conventionality

⁹ Being nondual and beyond cause-and-effect *lokuttara-sukha* or Nirvana cannot actually be “attained”. Likewise, “[t]here is a path leading to the realization of Nirvana. But Nirvana is not the result of this path” (Rahula 1998:40).

¹⁰ E.g. see Weber 1958, cf. Francis 1999:2.

and dualisms, especially to “heal” people from *dukkha* related to *micchāditthi* (wrong/false view or belief)¹¹. A Chiang Mai meditation teacher (Section 5.7), who considers himself a healer of “spiritual disease”, begins guided meditations by saying “much determination leads to attaining little, little determination leads to attaining much”. This encourages meditators to “let go” of all thoughts arising, even desire for progress, and eliminate *dukkha* by experiencing ever-present awareness.

Meditation involves mental training to become increasingly aware of universal truths. Other ways exist, informed by similar perspectives, including continual development of *paññā* in all activities, using mantras, or undertaking devotional practices. Many informants willingly recognise that Buddhism’s path is one of many spiritual paths. However, with 95% of Thais identifying with being Buddhists (Section 4.1), Buddhism’s concepts and practices potentially provide a contextually-suitable framework for improving Thai integral health. Monks and traditional healers I spent time with, particularly feel that in this “modern” era Buddhism’s “scientific” approach (Section 2.7) and its stress on cause-and-effect has much to offer.

2.2 UNDIFFERENTIATED BUDDHISM

Since its founder, Siddhattha Gautama (563-483 BC), Buddhism’s theories and practices have been divided into different “traditions” or “yanas” (vehicles), notably Theravada, Mahayana and Vajrayana.

Theravada (Doctrine of Elders) or Southern School, found in Sri Lanka and several Southeast Asian countries. It keeps faithfully to the Buddha’s original teaching, as preserved in the Pali Canon, the Tipitaka. The Buddha wrote nothing and his teachings were transmitted orally until the Fourth Council¹² in 112 BC when the Tipitaka was written (Payutto 1984a:30).

Mahayana (Greater Vehicle) or Northern School, found in Northeast Asia. It turned the original scriptures into Sanskrit, incorporating in them interpretations and texts by later teachers, and divided into new sects and sub-sects. Mahayanists sometimes call Theravada “Hinayana” (Lesser Vehicle), claiming it focuses on individual paths to enlightenment; this term is often considered prejudicial (Payutto 1984a:33).

¹¹ Contrasted with *sammāditthi* (Right View/Understanding), the first factor of the Buddha’s Noble Eightfold Path (Section 2.4).

¹² The Fifth Council according to the Sinhalese tradition.

Vajrayana (Diamond Vehicle) or Lamaism, found in and around Tibet. Tantric practices (e.g. reciting mantras, performing ritual hand postures and identifying with deities through specific meditations) are employed and it is taught that salvation depends on a personal connection to a teacher (guru) and cannot be learned from texts (Hattstein 1998:36).

While recognising differences, in keeping with universal deep structures and the Perennial Philosophy, I wish to deal with core issues in Buddhism common to all schools. Kornfield (1993:312) proposes that "...all three vehicles are present in each tradition, and... the essence of all Buddhist practice is the same everywhere." Moreover:

"The real meaning of the yanas is seen as a description of the natural evolution of practice for each individual, regardless of school or culture. Hinayana refers to the initial stage of practice where one is primarily motivated by self-centered desire... Later, ...the truth of emptiness of self becomes clear. No longer bound by the illusion of a separate self, practice becomes Mahayana... Continuing, practice naturally evolves into the supreme, non-dualistic [Vajrayana] vehicle... As understanding of emptiness deepens, there is the increasing ability to transmute all situations and energy into forces for liberation. Finally, any desire to be liberated or any illusion of other beings to liberate disappears... The true nature of all things is manifest beyond any conceptual interference and there is nothing left to be done. What is left is beyond desires and beyond distinctions, where appropriate action is taken simply as the natural course of events" (ibid:312).

Misunderstandings and shortcomings can arise particularly by differentiation and "...identification of Hinayana with Theravada, Mahayana with Zen... and Vajrayana with Tibetan Buddhism" (ibid:312). Ajarn Sulak*, commenting on common teachings played down distinctions between Theravada, Mahayana and other forms of Buddhism (14 June 2000). However, he said, most "Buddhists" in Thailand are "escapists" (driven by narcissism) and do not participate in the human "duty", motivated by *mettā* (loving-kindness) and *karunā* (compassion), to behave in a socially conscious manner.

Viewing Buddhism in Thailand today, "conflicting demands" exist, as arguably:

"Buddhism is... a religion particularly ill-equipped to contend with the modern imperative of rapid economic growth. Yet in Thailand, while a growing proportion of the population regards Buddhism as irrelevant to its pursuit of higher living standards, some educated city dwellers are (under the influence of the devout King Bhumipol) once again taking to meditation and devoting time to spiritual practice...

"To many [Westerners]... Buddhism seems to be a religion well suited to mankind's future (as far as we are dimly able to perceive it), being grounded in reason not faith and therefore in harmony with the prevailing spirit of scientific empiricism" (Powell 1989:10).

Such comments may appeal to emotion and reason, yet considering Buddhism a “religion” in keeping with “empiricism” introduces intractable complexities. In religion a subtle soul is to be saved, and such dichotomization may lead to tensions. These might propel one to higher practices, such as meditation or contemplation that take one past the causal level of spirit to the transcendental “state” of nonduality. However, it may induce selfishness and entrenched dualistic thinking with increasingly greater fervour. In Thailand, though there have not been religious wars, this kind of dualistic thinking has led to dissatisfaction with Buddhism and divisions within it.

2.3 POWERS OF CONVENTION THAT FOLLOW SOCIAL NORMS

A monk I have known for several years suggests that leaders of the Thai Sangha (community of Buddhist monks, religious order) are most to blame, as, like teachers in general, they lack quality, to the extent that “society” cannot be taught self-improvement. He reckons most monks adopt *saiyasārt* [(black) magic] (Section 4.10), including ubiquitous and apparently harmless sprinkling of *nām-mon* (holy water), and, since they follow fashions, norms and demands of society, they cannot lead society spiritually. Being static (*vis-à-vis* dynamic), he feels that the Sangha cannot accept new things and is stubborn to the point that most monks’ IQs remain very low. He proposes that if the Sangha’s 300,000 members had any real (spiritual) power they could easily solve current Thai (social, political and economic) crises, but quantity does not imply quality. He thinks the problem is that most monks fear losing personal rewards (material and egotistical) from changing circumstances, while many meditators (particularly middle-class city-dwellers) generally enter “self-hypnosis” to relax, rather than realise spiritual truths that may change attitudes and behaviours. Such meditation may cure tensions and pressures of modern living; nevertheless, without realising that identification with the *attā* causes *dukkha*, the effects are limited spatially and temporally. For:

“Whenever there is the arising of the self-concept, there is an occupation of space; when there is occupation of space, there must be a boundary or limitation; when there is limitation, there must be separation; when there is separation there must be the dualism of ‘self’ and ‘not self’” (Payutto 1994b:55).

Buddhism, as a rational (thus dualistic) religion, may appeal to reason, yet without *paññā*, faith (*saddhā*) and diligent practice, *dukkha* cannot be extinguished. Several anthropological writings on Buddhism in Thailand show how modernisation

and development have shaped beliefs and practices¹³, and their value should not be discredited. Yet, without recognising and progressing on paths to nonduality and seeking “refuge” in One Mind, one can think and write *ad infinitum*, and relative concepts and the related perception of phenomena just continue arising. Kamala (1997:262-263) sheds light on this point referring to the famous monk and meditation master Ajarn Man Bhuridatta (1871-1949) who favoured mental discipline (continual mindfulness), over specific rules of behaviour. Here Ajarn Man (the Venerable Acharn) indicates the significance of One Mind while talking to other monks (*bhikkhus*) concerned with the duality of adhering to rules and moral codes of conduct:

“Question: It is known that you observe only one precept, not 227 (the articles in the code of monastic discipline...) like other bhikkus.

“The Venerable Acharn: Yes... It is the mind.

“Question: Then what about the 227, do you not observe them?

“The Venerable Acharn: I always control my mind so as not to violate any of the Buddha’s prohibitions... the 227 or any other... The mind is the origin or source of all controls, even in secular matters” (Boowa 1982:206-207).

The dualistic differentiation between “secular” and “monastic” is necessary and convenient in human convention, without which (e.g. names) people would be unable to communicate. However, “...if you don’t know the truth of this convention it can be really harmful” (Chah 1982a:73). Both convention and ultimate reality (*paramattha*), are necessary. Thus, to avoid complications, two types of truth/reality, conventional truth (*sammuti-sacca*) and ultimate truth (*paramattha-sacca*), are considered (Ruhula 1998:55). Nevertheless, people tend to:

“...confuse the two things, clinging to the reality and trying to make it follow conventions. Within the actual reality there is no confusion, because the principle naturally functions by itself... [F]unctioning independently of people’s desires, it frustrates those desires and makes people even more confused and frustrated. Any problem occurring is purely a human one” (Payutto: 1995c:93).

Convention in speech usually reflects convention in belief, and attachment to surface structures of convention (*vis-à-vis* deeper structures closer to the nondual source) has produced divisions and conflict in society. Buddhism has not been split by major rifts or troubled by violence, and this could be attributed to what Conze (1975) calls “dialectic pragmatism”. Buddhism’s use of dialectics serves to demonstrate *paññā* through paradoxes and contradictions showing the limitations of thought and logic. Thus, intellectualising and philosophising are not of practical concern. Nevertheless, in

¹³ E.g. Tambiah (1984), Taylor (1993) and Kamala (1997).

Buddhism's essential teachings particular doctrinal concepts are adopted and transmitted through oral and written language.

2.4 BUDDHISM'S DOCTRINAL CORE

- The Four Noble Truths (*Cattāri-Ariyasaccāni*)
 1. All things are *dukkha*.
 2. *Tanhā*, and *avijjā*, cause the arising (*samudaya*) of *dukkha*.
 3. Freedom from *dukkha* (Nirvana) involves extinguishing/ceasing (*Nirodha*) *tanhā*.
 4. The Noble Eightfold Path (*Ariya-Atthangika-Magga*) leads to *dukkha*'s cessation.
- The Noble Eightfold Path, or Middle Way (*Majjhimā-Patipadā*)
 1. Right Understanding (*Sammāditthi*)
 2. Right Thoughts (*Sammāsankappa*)
 3. Right Speech (*Sammāvācā*)
 4. Right Action (*Sammākammanta*)
 5. Right Livelihood (*Sammājīva*)
 6. Right Effort (*Sammāvāyāma*)
 7. Right Mindfulness (*Sammāsati*)
 8. Right Concentration (*Sammāsamādhi*)

These eight factors constitute the Threefold Training of morality (*sīla*) (factors 3-5), concentration (*samādhi*) (factors 6-8) and *paññā* (factors 1-2).

- The Law of Dependent Origination (Section 2.13).
- The Law of Karma (in Pali *kamma*).
- The Doctrine of No-Soul, No-Self (*anattā*) or Emptiness (*suññata*).
- The five *khandha*, and four *dhātu* (Section 1.3).
- Samsara, wandering through rebirth in the world of *avijjā*, or sea of sorrow, and Nirvana (in Pali *Nibbana*), or simply "Truth" (Ruhula 1998:39), the unconditioned "realisation" of liberation from the fires of defilements (*kilesa*): greed, hatred and delusion.

Furthermore, meditation and “[t]he spirit of non-violence, tolerance, liberty and friendliness” are also common to all Buddhist traditions (Payutto 1984:33), with “...the doctrinal (*pariyatti*), the practical (*patipatti*) and the realizable (*pativedha*)... interdependent and interrelated” (Thittila 1986:15-16). Consequently, while the following analysis deals primarily with doctrinal Buddhism, for a clearer perspective the other aspects should also be considered.

Central to Buddhist contemplation in Thailand is that all conditioned, or karmically-induced, phenomena are subject to the universal:

Three Characteristics of Existence (*Ti-Lakkhana*):

1. Impermanence (*aniccā*)
2. Stress and conflict (*dukkha*)
3. Not-self or soullessness (*anattā*) (Payutto 1995b:445).

Buddhadasa (1988:27) argues that “[t]hese three characteristics were the aspect of the teaching which the Buddha stressed more than any other. The entire teaching when summed up amounts simply to insight into impermanence, unsatisfactoriness and non-selfhood.” Likewise, Chah (1982b:14) states that “[a]ll things in the world fall under the characteristics of instability, unsatisfactoriness and being without a permanent ego or soul. Seeing the whole of existence in this light, attachment and clinging to the *khandas* will gradually be reduced.”

The Buddhist “religion”, as practised in Thailand, in “popular/folk” forms deals mainly with observing rituals and participating in ceremonies and worship. Wherever one travels, one sees colourful merriment and merit-making strongly influenced by Bhramanic traditions and beliefs in spirits and superstition. This important part of local culture may give meaning to people’s lives, but many informants (particularly ascetic forest monks) I met readily noted that this does little to transcend Samsara and the mesh of karma, *unless* one avoids all “clinging” (cf. Chapter 4). On the other hand, nondual doctrinal Buddhism, despite being discussed conceptually, when *experienced* can be used to extinguish *dukkha*. Consequently, the essence of Buddhism, though beyond words, is alluded to by “dialectic pragmatism” which ultimately neither denies the world, nor differentiates between good/bad, worldly/other-worldly, etc. because these are relative concepts.



Figure 1. Ritual involving *sai-sin* (sacred string). Here, in a new temple, it is wound around people's heads to connect all of them to a Buddha image (to be unveiled), as well as a large jar containing *nām-mon*.



Figure 2. Monks in front of the Buddha image holding *sai-sin*. The *sai-sin* connects them, the image, the lay-people and the jar. The people and spirits of past monks and teachers, the sacred chants, candles and incense sticks are said to produce both *bun* (merit) for those present and *nām-mon* which can be effective in healing. At the end of this ceremony in rural Chiang Rai, people were blessed with the *nām-mon* and many stayed around to discuss issues of Dharma and health with the monks. Groups of lay-people also discussed the “supernatural” and “mundane” affairs (Chapter 3).

Mahayana, particularly Zen, is known for expounding nondual “truths”, but this also happens in Theravada. Critics of Theravada say that it adheres to strict dualisms, found in the Pali scriptures (Stace 1961:126), which interpret “...the relationship between nirvana and the changing world as unbridgable [sic] opposites” (Hattstein 1998:31). This contradicts comments on Nirvana by Theravada monk Walpola Ruhula (1998:43): “Nirvana is beyond all terms of duality and relativity.” My experiences with numerous meditation masters and mystics in Theravada Southeast Asia and Sri Lanka also suggest that criticism of Theravada stems from interpretation rather than practical reality. Following my question: “...Stace, like... others, seems to believe that in Theravada... (unlike Mahayana) there is not the nondual thread. I... beg to differ, at least in practical-experiential (rather than literary-theoretical) terms. Do you have any comments on this, given your extensive research? Whatever the case, with no self how can there be any differentiation!”; David Loy, author of “Nonduality: A Study in Comparative Philosophy” (1988), answers:

“Exactly - of course it’s there in early Buddhism – it’s just emphasized and conceptualized in different ways! That is one of the themes that recurs in ‘Nonduality’” (4 November 2000).

In Thailand, Buddhadasa often used pragmatic Zen-like approaches (e.g. Buddhadasa 1985:78 and 1999:119-122, Jackson 1988:207-228 and Swearer 1989:84-87), not to detract from Theravada, rather to let people realise its nondual essence, namely *suññata* or voidness/emptiness (Buddhadasa 1989:29). Likewise, Luang-poo Putta-isara* regularly encourages people to avoid attachment to concepts, while seeing the intrinsic voidness of all phenomena that arises.

Evans-Wentz (1990:4) reports that the supreme doctrine of voidness was first taught publicly by Nagarjuna, the fourteenth Buddhist patriarch, active during the second century AD. This period saw a “Nondual breakthrough”, both in the West with Plotinus and the East with Nagarjuna, who was instrumental in popularising Mahayana Buddhism. Wilber (1999:133-135) suggests that previously, since the “great axial age”, which began roughly in the sixth century BC, yogic withdrawal dominated the advanced religions of the East and West. However, things changed when “certain pioneering sages”, including Parmenides, Jesus, Gautama Buddha and Lao Tzu, followed consciousness “to its source”, where the *attā* dissolves into emptiness, or “consciousness finds the unqualifiable One” (ibid:133-134). Until this period, life-denial, asceticism and bodily renunciation was arguably the norm, and deep philosophical dualisms prevailed. For instance, spirit was divorced from body and

Nirvana was seen separate from Samsara, and it took several hundred years for consciousness to move beyond the “causal unmanifest” and for Spirit to recognise its own pure nondual condition (ibid:135). This does not imply that it never existed in the experiences of the great axial period sages, it just may have taken time to surface in doctrinal terms. Consequently, when Teravada Buddhists say that nonduality or *suññata* is not strictly Buddhist, Evans-Wentz (1990:5-6) argues that it is “...unquestionably in full accord with the fundamental teaching of the Buddha.” The Tipitaka, especially the Suttas (Discourses), holds evidence; for instance, the Buddha in the “Sunna Sutta” (Discourse on Voidness) “...declared the emptiness of all worldly phenomena” (Kirthisinghe 1993:89). This informs the Buddhist realisation that the only Absolute Truth “...is that there is nothing absolute in the world, that everything is relative, conditioned and impermanent, and that there is no unchanging, everlasting, absolute substance like Self, Soul or *Ātman* within or without” (Ruhula 1998:39). This Buddhist denial of a god-like Self or an *attā*, in nondual terms equates to the assertion (as in Vedanta) that there is only the Self (Loy 1988:128), both are beyond relative, conditioned existence. Different interpretations of nondual mystical experiences may confuse some; however, to mystics such contradictions are meaningless. Jung (1977:247), for instance, writes:

“For the devout Asiatic... [the Buddha] is... the Absolute. For that reason... [Theravada] Buddhism has been suspected of atheism – very wrongly so. By virtue of the power of the gods man is enabled to gain insight into his Creator. He has even been able to annihilate Creation in its essential aspect, that is, man’s consciousness of the world.”

The idea of gods, creation, subject/object, self/non-self, etc. are all relative concepts; while God, Nirvana and other terms for nonduality refer to that beyond cause-and-effect. Thus the various nondual spiritual teachings are a means to an end which transcends all ends, and “[o]nly in the transcendent state, beyond the domain of opposites, is truth realizable” (Evans-Wentz 1990:6).

2.5 ULTIMATE TRUTH IS PARADOXICAL, BUT WORDS MAY HELP LEAD THE WAY

Intellectually one cannot grasp what happens at Enlightenment (realisation of Nirvana), and by the same token philosophising is of no benefit to spiritual development. In fact philosophy’s problems is that:

“...its attempt to grasp nonduality conceptually is inherently dualistic and thus self-defeating... philosophy originated in the need of the alienated subject to understand itself and its reaction to the objective world it finds itself in. But according to the ‘nondualist schools’... philosophy cannot grasp the source from which it springs and so must yield to praxis... various meditative techniques which... promote the immediate experience of nonduality” (Loy 1988:5).

Despite intellectual and linguistic limitations, words can encourage the development of consciousness. However, transcendental experiences at the heart of nondual mystical traditions can only be pointed to with paradoxical statements, since they are intellectually unqualifiable (Stace 1961:260-262). The key is to prepare the mind to realise intuitive knowledge that “All is One”, and in this preparation practitioners are directed toward Enlightenment by statements such as:

“To the great majority of people, the moon is the moon and the trees are the trees. The next stage (not really higher than the first) is to perceive the moon and trees are not at all what they seem to be, since ‘all is the One Mind’... [Here is] the concept of a vast uniformity in which all distinctions are void; and, to some adepts, this concept may come as an actual perception, as ‘real’ to them as were the moon and the trees before... [W]hen Enlightenment really comes, the moon is again very much the moon and the trees exactly trees; but with a difference, for the Enlightened man is capable of perceiving both unity and multiplicity without the least contradiction between them!” (Blofeld 1958:20-21).

In Zen, *koans*, poetic riddles without logical solutions (e.g. “what is the sound of one hand clapping?”) are used to jolt adepts’ minds out of *avijjā* and into transcendental realisation. Phra-ajarn Subin Paneeto¹⁴, my main teacher when I was a Samanera, uses such techniques and also promotes health through careful diet, being self-reliant and employing mindfulness. He encouraged training the mind with paradoxical or logically-incomprehensible statements (20 September 1990). First he asked how, with an axe and no land to stand on, I could cut down a tree. The symbolism of *attā*, defilements (contributing to *dukkha*) and cutting through *avijjā* is one matter, but the mind cannot even cling to symbols if it seeks freedom from all bondage. Later he asked me to imagine how a piece of silk cloth could be repeatedly passed over a great mountain to wear it down to the ground simultaneously with the blink of an eye. These riddles are not meant to stimulate the intellect, rather they demonstrate how time and space are relative concepts which cannot describe ever-present awareness of enlightened minds.

¹⁴ One of four people from Thailand’s four regions to receive the 1998 *Khon Di Sangkom* (good people of society) award from the then PM, Chuan Leekpai. Moreover he has long been active in establishing community funds “to promote self-reliance, sacrifice and discipline” in many villages of Trat province (Post, 25 February 1998).



Figure 3. Phra-ajarn Subin, 1990.

This ever-present awareness alone can *realise* the paradox of the “Ultimate”, summarised as follows by Ramana Maharshi:

“The world is illusory;
“Brahman alone is real;
“Brahman is the world” (cf. Wilber 1998b:8).

Thus far, relationships between *sammuti-sacca* and *paramattha-sacca* have been discussed, but to understand how phenomena arise causality should be investigated. This leads on to how karma determines sickness and health (and poverty and wealth) and how the seemingly intractable problem of destiny versus free will loses meaning.

2.6 CAUSES BEHIND THAT WHICH ARISES

When explanations are sought for why things happen, to humans, other beings or the environment, the concepts of chance, predestination, determinism and autonomy are often discussed. In studying human minds, psychology is replete with theories to explain emotions, attitudes, beliefs and behaviour. Philosophers have debated over such matters since the beginning of recorded history. Yet, in the West it was not until Descartes (seventeenth century) that the mind was considered to exist separate from the body, with causal powers to control its behaviour (Gross 1996:872). This mind-body/matter dualism underlying Descartes’ mechanistic paradigm and Newton’s mathematical formulation of nature led to advances in science, but mixed results when applied to subtle spheres of the mind. Progress was made by demystifying much of reality, banishing certain superstitions and increasing “...ability to describe, predict and control the observable world” (Weil 1996:260). It in turn led to heightened understanding of how mental activity, the nervous system and behaviour are related and operate. However, because of “...rigorous determinism, and the notion of an objective description of nature” (Capra 1983:186), little was done to break free of the limitations generated by dualistic thinking and encourage people to understand their fundamental motives/desires. According to Jung (1974), these motives/desires can be found in the unconscious. But, despite medical psychology’s advances and experimental proofs that an unconscious psychic reality exists and counterbalances and influences consciousness, no “practical conclusions” are drawn, and:

“We still go on thinking as before... we imagine ourselves... innocuous, reasonable and humane. We do not think of distrusting our motives or asking ourselves how the inner man feels about the things we do in the outside world... Virtually everything depends on the human soul and its functions. It should be worthy of all the attention we can give it, especially today, when everyone admits that the... future will be

decided neither by the attacks of wild animals nor by natural catastrophes nor by... world-wide epidemics but simply and solely by the psychic changes in man" (ibid:84).

Understanding the psyche through introspection is central to Buddhism's approach of reaching the root causes of problems. The Abhidhamma Pitaka, in the Tipitaka, has abundant references to psychological matters; but, unlike modern scientific approaches, it continually stresses contemplation and ethical behaviour. Without such considerations, narcissistic thoughts may easily lead to aggression and consumerist mentalities based on sensuality (Chapter 3). This dependence on the "external" world for satisfaction disregards metaphysical realities inherent "within" the depths of the psyche, and thus individuals are invariably led to believe they are autonomous agents. Nevertheless, considering how free will or determinism governs human action is fundamental to understanding the Buddhist "solution" to this conceptually unanswerable problem.

Applying a positivistic/mechanistic viewpoint, as in Freudian psychoanalysis, which proposes external triggers determine behaviour, makes people passive agents with reflexes and responses, void of free will. Freud, "...a determinist – on faith, if not on the evidence" (Skinner 1973:26), attributed all psychological events to particular causes producing particular effects. Thus, looking back into early childhood, the initial conditions which triggered later causes and effects can be established. Such determinism rejects the idea of free will because humans are constrained by their "external" (physical and social) environment, which conditions their behaviour. Projection to the outside environment in analysing sensory phenomena has the advantage of being accessible to empirical measurement, yet it does not explain the interdependence and dynamic mutual interplay between a living organism and its natural environment (also an organism). Hence, Skinner (1953), himself a determinist and one of psychology's most influential behaviourists, argues that an engineering approach is needed to solve our current crisis. This would create a new type of human conditioned to behave in her/his own best interest, and that of society, as Skinner (1948) proposes in his imaginary utopia.

Behaviourism is arguably psychology's most scientific branch, since it studies measurable patterns in behaviour (therefore offering empirical results), in comparison, for instance, with psychoanalysis and humanistic psychology, which deal with mental-phenomenological data. None is superior, as all have their merits, as does cognitive psychology. However, arguably none recognises nonduality or uses it in therapy. Moreover, apart from transpersonal psychologists:

“...Western psychologists and psychiatrists either deny the existence of any sort of higher-order unities, or - should they actually confront what seems to be a higher-order level - simply try to pathologize its existence, to explain it by diagnosis. Thus, for indications as to the nature of any higher levels of consciousness, beyond the ego and centaur, we have to turn to the great mystic-sages and perennial philosophers, East and West” (Wilber 1996:90-91).

Many monks, lay spiritual teachers, psychiatrists and psychologists I met were confident that Buddhist-informed therapy, especially meditation, if properly explained¹⁵ would greatly benefit most people with mental disorders. Not only those medically classified as having *rōk-prasāt* (neurosis) or *rōk-jit* (psychosis), but anyone suffering anxiety, depression; or, without distinctions by gender, age or race, everyone dwelling in Samsara and experiencing *dukkha*. Furthermore, practices, such as meditation, would arguably foster self-reliance and significantly reduce medical costs, especially through preventive measures.

Ajarn Prasart* uses many medicinal herbs he mixes himself, but sometimes he does not dispense them and only employs *thamma-ōsot* (Dharma medicine), saying that just talking about Dharma can make people reflect upon their situation and feel better. For this he promotes mediation (dissolving “this/other-worldly” dualities) and involvement in the world to help others through *mettā-karunā*. He divides his days into two, 6.00am–6.00pm for business matters and patients, and 6.00pm–6.00am for retreating to his personal room¹⁶ to meditate, read, occasionally watch news items or documentaries on television, or sleep. These times are guidelines to regulate a healthy life in keeping with *sīladhamma* (section 3.8.3), but are not fixed, since he sees patients even at night when called upon.

He lives in a large compound where he runs a noodle restaurant and bakery, on top of processing herbs and performing healing. Previously he owned a garage repairing cars, and says that the business side allows him to invest in developing the healing side. For instance, he has built a herbal steam-bath device that operates in one room, and has several machines for pounding, mixing and packaging herbs in another. He does not charge for healing, other than the modest cost of herbs (rarely over B150, £2.50), though patients tend to “offer” a token amount (B20-100, £0.35-1.75) to a statuette of Mor (doctor) Shrivagakomarpaj, Guatama Buddha’s personal physician (Section 4.8) on the desk where he treats.

¹⁵ Particularly *vis-à-vis* causal links described below.

¹⁶ There he has a large shrine and sometimes receives guests to discuss Dharma and healing.



Figure 4. Ajarn Prasart* where he uses *thamma-ōsot* and sees patients. On his desk is a brown statue of Mor Shivagakomarpaj. The desk is in the corner of an open-plan area including a noodle restaurant.



Figure 5. Ajarn Prasart* toward the back of his compound. Here with his outdoor shrines and herbs drying on a red platform to the left in the background. He has facilities for processing herbs and uses herbal mixtures in much of his treatments (Section 3.9)

Buddhist meditation (*bhāvanā*) or meditation exercises (*kammatthāna*) are divided into two groups¹⁷, namely:

1. Concentration (*samatha* or *samādhi*). Mental concentration and tranquillity are developed by focusing on steady objects (e.g. one's breath or a candle's flame). There are forty main meditation subjects/objects, which can be used according to personal temperament. "Internally", practice can induce high levels of concentration known as *jhāna* (absorptions) and access to *virīya* (energy).
2. Insight (*vipassanā*). Mindfulness, awareness and observation encourage clear insight into *Ti-Lakkhana*. Meditators can contemplate the four objects/foundations of mindfulness (the body, feelings, states of mind and mental contents) and in different postures (e.g. sitting, walking, standing, prostrating and reclining).

Concentration and insight are interrelated and can be developed simultaneously; for instance, seeing an object, calmly fixing the mind upon it *and* seeing the characteristics, conditions and truth of the object (Buddhadasa 1999:118-119). At the "pinnacle" of practice, the realisation of all nondual traditions, no differentiation between the "Seer" ("Witness") and the object seen exists; there is just pure ever-present witnessing awareness (Wilber 1998a:288-290). This realisation can be experienced beyond specific meditation in all aspects of everyday life. However, certain approaches to meditation and introspection may increase duality. For instance:

"Everyone who has experienced religion deeply and sincerely knows that the strongest religious moments come in solitude, in turning away from the world, in concentration and in mental detachment, and not in the distraction of a crowd" (Malinowski 1984:56).

Meditation is only a means to a transcendental end, and the insight developed can be integrated into "ordinary" life. When alone people generally *are* more focussed than when with others and surrounded by distractions, and at certain levels of practice, such as healing "disorders", meditation may serve its purpose even if driven by egotism. Nevertheless, at "higher" levels, practice dissolves the *attā*.

Professor of Psychiatry at CMU, Dr. Chamlong Disayavanish, a keen meditation proponent, said that Thailand has certain advantages over the West because of its

¹⁷ Cf. Thera, N. 1983, Kornfield 1993:317-318, Payutto 1995b:81 and Rahula 1998:68-69.

Buddhist heritage (23 August 2000). Trained in the US and updated with (Western) psychology literature and WHO documents, he feels that in contemporary psychology and psychiatry the main problem is excessive emphasis on physical factors, such as neurotransmitters, and too little on spiritual matters. He also thinks that in the future Buddhist Abhidhamma psychology will probably more influence psychology (in Thailand, and in the West), with concepts like morality, mental discipline, *paññā* and karma being applied, and meditation being promoted. Dr. Chamlong has actively promoted insight meditation training courses at CMU since 1995. He feels that people with *rōk-prasāt* invariably benefit, but for those with more serious mental disorders (e.g. *rōk-jīt*) meditation may cause increased illusions, hallucinations and divergence from *sammuti-sacca*, and more dependence on medication or personal care. Therefore, he proposes an approach sensitive to individuality and self-reliance, but informed by Dharma.

Nearly all the psychiatrists, psychologists, counsellors, monks and traditional healers I met who deal with mental and spiritual health indeed had much to say about self-reliance; central to Buddhism and an increasingly important government healthcare policy consideration (Section 7.10). Dependence and determinism need to be considered for self-reliance to be of practical use, and, according to proponents of spiritual development, this is possible through individual contemplative introspection (which considers all levels of integral health).

The main objective of modern psychiatry and psychology is attaining mental health through various forms of therapy, principally through empirical and phenomenological means. This, though, places excess emphasis on physiological and mental factors, at the expense of spiritual ones. People like Freud, Reich, Pavlov, Piaget and Skinner did contribute to understanding the human mind and finding ways to improve mental health. However, individual and collective health problems might be more effectively dealt with using therapy informed by insights (into e.g. *dukkha*, *tanhā*, and *paññā*) from the mind's subtle sphere.

Critics of mainstream, Western-influenced, scientific attitudes to the mind and behaviour say excessive stress is placed on mechanical factors and not enough on existential ones. For example, in a "Buddhist" critique of Western psychotherapy, Tayal (1993:41-42) argues:

"Much of what is done in psychotherapy is a sterile activity, which tends to give an aura of scientific respectability to the task at hand. These vexations of the scientific spirit tend to convey an appearance that the goals of modern psychotherapy are clear and

definitive. On the contrary, they are segmented, truncated and superficial, and are based upon an almost chaotic conceptualization of the purpose of human life."

Similarly Capra (1983:181) proposes that an approach like Skinner's behaviourism would seek to solve "...our current crisis... through scientific control of behaviour", not through an evolution of consciousness (since behaviourists claim no such thing exists) nor through value changes (as these are purely positive or negative reinforcements). This could imply "...the robotization of the human being, the rational ego... at last being overtaken by the absurdities of its own projections" (Feuerstein 1995:123).

2.7 AUTONOMY WITHIN AND WITHOUT: "SCIENTIFIC"

APPROACHES

Considering that modernisation often involves "the colonization of the lifeworld" (Habermas 1987:318), concerns about degrees of freedom open to individuals have surfaced. In healthcare, freedom is arguably diminished by "medicalization": "...the way in which the jurisdiction of modern medicine has expanded in recent years and now encompasses many problems that formerly were not defined as medical entities" (Gabe and Calnan 1989:23). Medicalization may affect individual's autonomy and arguably "...now includes a wide variety of phenomena, such as many of the normal phases of the female life-cycle... old age, unhappiness, loneliness and social isolation, and the results of wider social problems, such as poverty or unemployment" (Helman 1994: 156-157). This "pharmaceutical invasion" of culture, argues Illich (1976:70-72), disregards that:

"Each culture has its poisons, its remedies, its placebos... Most... are destined for the healthy rather than the sick. Powerful medical drugs destroy the historically rooted pattern that fits each culture to its poisons; they usually cause more damage than profit to health, and ultimately establish a new attitude in which the body is perceived as a machine run by mechanical and manipulating switches."

Dubos (1959, 1965) stresses dynamic biological and social adaptation for survival in different environments. Yet, he suggests pursuits of happiness and health are nowadays driven by social, rather than biological urges. Consequently societies worldwide wish to aesthetically and climatically adapt their bodies and immediate environments to the Greco-Roman Mediterranean "ideal" from which Western civilisation sprung. In Thailand this is arguably done with plastic surgery, cosmetic use, dietary adjustments and fitness regimens, as well as air-conditioning.

Another dimension of society's medicalization is that it "...tends to turn pain into a technical matter and thereby deprives suffering of its inherent personal meaning" (Illich 1976:140). Detachment of pain and suffering from social contexts to annihilate it arguably counters the function of culture, which makes pain tolerable by interpreting its necessity. Ajarn Man taught how to deal with "...the pain and suffering produced by illness, warning... against depending entirely on medical treatment. This was the technique of contemplating such pain and suffering as manifestations of natural phenomena" (Boowa 1982:195). This *dukkha* and ways to deal with it are the essence of the Four Noble Truths. Considering *dukkha* a challenge is conducive to developing the patience and endurance fundamental to practising meditation (Section 2.12). Yet, in modern times advertising and widespread availability of psychotropic drugs mean that "[n]owadays you get a bit of an ache and you're off to the hospital" (Chah 1982:58).

Cultural influences and other "external" factors affect individuals' sense of autonomy. However, transcending the senses, the question of autonomy loses meaning. Here modern science and Buddhism, though apparently different, arguably share much in common. According to Payutto, Buddhism, the "...most scientific of all religions" (1984:13), "...has never seen science as an antagonist. Buddhism welcomes scientific knowledge, recognising it as another branch of learning about the natural order" (1995a:xii). Moreover, Buddhadasa (1988:9) proposes that "...anyone equipped with awareness and interested in studying and carrying out research" can see that Buddhism, particularly its Four Noble Truths, has many scientific aspects which "...can be verified by clear experimental proof using introspection." Whether Buddhism is scientific, depends on how "science" is defined. Taking valid data accumulation, following Kuhn's (1970) criteria, and subsequent verification or falsification of results by communal and consensual proof (Popper 1959), to constitute "scientific", then purer schools of Buddhism, and other mystical traditions are so:

"They are injunctive, experimental, experiential, and consensual... [W]e could legitimately speak of 'spiritual sciences' just as we now speak of social... hermeneutical... psychological... and physical sciences (the latter being empirical, the others being phenomenological or transcendental). Many of the meditation masters themselves like to refer to the science of Yoga the science of Being, or the science of meditation" (Wilber 1996:63-64).

Buddhism emphasises scientific inquiry, employing the "inner eye" of intuition rather than outer eyes (that verify through "material" experimentation and proof). This inner eye can be developed by meditation and, with *paññā*, used to see that all "compounded things" of the world exhibit *Ti-Lakkhana* (Chah 1982:14).

The “scientific” side of Buddhism deals with causes-and-effects, while much popular Buddhism in Thailand is at a variance to such an approach, often involving superstitious beliefs and fear of the unknown. Consequently, rites and ceremonies far-removed from Buddhism’s practical methods of extinguishing *dukkha* have proliferated (Buddhadasa 1989:1-13). Fully understanding the universal natural law of cause-and-effect (*Dhammaniyāma*) (Sections 2.10-2.13) is not necessary, for the Buddha said this is *acinteyya* (beyond normal comprehension). Moreover, he stated that “...insisting on thinking about such things could make one go crazy” (Payutto 1995c:47). Here Buddhism parts with modern scientific analysis, for the mind’s *tanhā* to cling to things (even ideas of Truth) must be transcended to end *dukkha* and its causes. Thus, when the Buddha’s disciple Bhikkhu Assaji was asked to succinctly describe the essential Dharma, he replied: “All phenomena that arise do so as a result of causes... [The Buddha] has shown what the causes are, and also how all phenomena may be brought to an end by eliminating those causes. This is what the Great Master teaches” (cf. Buddhadasa 1989:18-19).

Therefore, Buddhadasa (ibid:19) states:

“There are only effects arising out of causes, developing by causes, and due to cease with the cessation of those causes... The world is just a perpetual flux of natural forces incessantly interacting and changing... all things are devoid of any ‘self’ entity... [and] inherently unsatisfactory because of the lack of freedom, the subjection to causality. This unsatisfactoriness... [ends once] the process stops... [and] causes are eliminated so that there is no more interacting.”

Transcendental knowledge helps end the causes, but Thera, P. (1984:5) argues that modern science is slow to recognise that such knowledge exists, as its achievements tend to be:

“...entirely material and external in nature... knowledge is something that ties [people]... more and more to this sentient existence... [Although] [t]he scientist has brought the external world under his sway, and seems to promise that he can turn this world into a paradise... man cannot yet control his mind, despite all the achievements of science.”

Science, by generally limiting itself to material, physically-verifiable phenomena, acquires its data “objectively” from experiences of the five senses¹⁸. Buddhism accepts the material plane but also considers the experiences of the mind, or “sixth sense”. The mind can verify a plethora of “subjective” experiences (e.g. fear, anger, depression, happiness and compassion) and the thinking mind is the ultimate

¹⁸ In scientific analysis of the mind, focus is still on observing measurable phenomena (e.g. brain waves, electrical activity, blood flows and chemical secretions in the brain).

arbitrator, establishing hypotheses, verifying observations from other senses and reaching conclusions (Payutto 1995a:68-69). Medical anthropologists, such as Good, propose “[t]he scientific world is only one of several worlds or ‘subuniverses’ in which we live, worlds which include those of religious experience, of dreams and fantasies, or music and art, and of the ‘common-sense’ reality which is paramount in much of our lives” (1994:122). These “subuniverses” can indeed be studied scientifically with the meta-sciences (based on phenomenological and transcendental experiences), as well as empirical science, in a more effective and integral method for ending *dukkha*.

2.8 KARMA AND RESPONSIBILITY FOR ACTIONS

Whatever the arguments for determinism, people are generally considered morally responsible for their actions, not some almighty “internal” or “external” force. Legal/criminal justice systems are built on such notions of responsibility, which assume free will exists, for without it people cannot be held responsible for their behaviour (Gross 1996:875). According to Skinner (1977:30), the “pre-scientific” concept of “autonomous man... held responsible for his conduct and given credit for his achievements” is outdated, because “...scientific analysis shifts both the responsibility and the achievement to the environment.” This proposes that the illusion of free will survives only because natural selection by the environment and evolution are still poorly understood.

Thittila (1986:23-24) argues that blaming others or the environment for one’s misdeeds is just *avijjā*, for “[t]he Buddha taught men to rely upon themselves in order to achieve their own deliverance, and not to look to any external saviour... Man is the architect of his own fate, and will reap what he sows.” Similarly, Rahula (1998:1) states that “[m]an’s position, according to Buddhism, is supreme. Man is his own master, and there is no higher being or power that sits in judgement over his destiny.” Buddhadasa (1989:59) argues that Buddhism is unique because it considers the human mind as potentially able to be independent of all binding entities “...including God in heaven, spirits, or celestial beings. No other religion is prepared to let the individual free himself completely, or be entirely self-reliant.” Buddhism is not necessarily superior to other religions, given the common aim of transcending duality. However, a strength is its pragmatic, “scientific” approach to promoting self-reliance, while a weakness, is that the rational mind cannot understand self-reliance when there is no *attā*. Thus, Thai Buddhists may generally not grasp the essential Dharma, especially given the education

system, which stresses accumulation of empirical knowledge, rather than transcendence of *sammuti-sacca*'s paradoxes (Chapter 6).

Misinterpretation of karma in Thailand and other Theravada Buddhist countries confounds circumstances. Several influential anthropologists¹⁹, consider karma only in contexts of moral action with moral consequences, dichotomizing actions (karma) as morally positive and conducive to gaining merit²⁰ or morally negative and conducive to producing demerit²¹. For instance:

"Kammic theory is predicated upon a simple formula known to every Buddhist from early childhood... as in this [simplified] Thai saying: do good, receive good; do evil, receive evil (*tham di dai di; tham chua dai chua*). This theory serves... to provide a framework for interpreting the differences in suffering that are observable by humans in the world" (Keyes 1983:262-263).

Contrastively, Buddhadasa (1988:24-25) argues that "many Westerners" incorrectly explain karma and essentially just say:

"'Do good, receive good; do evil, receive evil'... exactly the same doctrine as found in every religion. This is not *kamma* as... taught in Buddhism. With rebirth it is the same. They make their assertions just as if they had seen with their own eyes the very same individuals being reborn. This misrepresents the Buddha's main message, which teaches the non-existence of 'the individual' of 'the self'."

Buddhadasa (ibid:25) then states that Buddhism deals with karma, its effects *and* the cessation of karma, both bad/black karma and good/white karma²². The actions that end good and bad karma are included in a third kind of karma, "kamma that ends kamma" (Payutto 1995c:73). According to Buddhadasa (1988:26) it is "...world-transcending (*lokuttara*), above good and above evil." This karma is the ending of defilements and results from practising the Noble Eightfold Path.

Karma depends on *cetanā* (volition/intent). Thus, though etymologically, karma means "action" or "work", in the context of Dharma it is "action based on intention" or "deeds wilfully done" and "[a]ctions that are without intention are not considered to be kamma" (Payutto 1995c:6). So *cetanā* influences karmic thoughts, speech and behaviour, and if greed (even expecting merit when giving) exists one is bound to Samsara. Yet, selfless desire for well-being provides a taste of Nirvana.

Though Samsara is juxtaposed to Nirvana in dualistic terms, practically-speaking, Buddhadasa (cf. Swearer 1989:227) and Payutto (2000:371-372) state that

¹⁹ E.g. Obeyesekere 1968, Spiro 1970, Tambiah 1970, Keyes 1983, Davis 1984 and Terwiel 1994.

²⁰ In Pali *puñña*, *kusala*, in Thai *bum*, *kuson*.

²¹ In Pali *pāpa*, *akusala*, in Thai *bāp*, *akuson*.

²² Which, though classed as good, gives rise to its own particular type of *dukkha*.

whenever the mind is agitated or disturbed there is Samsara, while in a normal state of stillness, coolness and nondual tranquillity there is Nirvana. Consequently, *dukkha* and its potential cessation exist in individuals, and Samsara and Nirvana are found within individuals' psychological states²³. Samsara is contingent or conditioned, while Nirvana is not contingent, beyond all craving, grasping and conditioning, where there is "kamma that ends kamma". This comes from practising *Majjhimā-Patipadā*, where mindfulness/awareness can transcend dichotomies of "absolutism" and "nihilism" (Varela et al. 1991:143-144). Buddhism avoids dichotomization into "inner" grounds of the *attā* and "outer" grounds of a pre-given and independent world, seeing this as habitual grasping, or craving for some form of grounding. Buddhadasa (1968), who proposes that "[t]o feel or think in positive or negative terms is but a kind of attachment" (ibid:3), considers any attachment to a ground as an obstacle to transcending *dukkha*. This is arguably knowledge, not belief.

2.9 FROM FAITH AND BELIEF TO WISDOM AND DEEPER KNOWLEDGE

Needham (1972) suggests that "belief" is employed cross-culturally in much ethnographic literature as an unambiguous term. In English, the concept of belief is largely shaped by Christian traditions, based on particular historical development. Even in Western philosophy, "belief" does not convey a clearly-defined meaning, since "[b]elief ...is the central problem in the analysis of the mind" (Russell 1921:231). This poses problems when interpreting human behaviour in different societies, where conventional definitions of belief vary. Good (1994:17), informed by historian of religion W.C. Smith (1977 and 1979), states:

"...for the comparativist, the misplaced focus on beliefs as the primary dimension of religious life has led to mistranslations and misunderstandings of other religious traditions, and in Smith's view, to the great failure to explore the *faith* of others in their historical and communal contexts, even to make faith a central category in comparative research."

The term "belief", over the preceding 3-4 centuries, has evolved from implying "holding dear, ...appropriating to oneself what is recognised as true" to connoting "outright error or falsehood" (ibid:16-17). Juxtaposing "belief" and "knowledge" may cause misinterpretations of Thai attitudes to Buddhism, particularly karma, rebirth and Nirvana, concepts which, though potentially blocking access to nonduality, form part of

²³ This goes beyond literal beliefs in Samsara of physical rebirth and considers (re)birth as mental states occurring whenever a permanent sense of *attā* arises.

worldviews, including spirits and other “supernatural” entities. Following Good’s (ibid:17) argument, these may be classed as knowledge, not belief, since knowledge requires “both certitude and correctness”, while belief implies “uncertainty, error, or both”. In Thai healing, transcendental knowledge (open to proof using the “inner eye”) is frequently used to encourage the development of *paññā* and faith. Therefore people may *know* (through their own verification) that rebirth, spirits and “healing energy” exist.

Modern science has less affected Buddhism in Thailand than the Judeo-Christian tradition in the West, where theism has faced major setbacks since the nineteenth century and more recently with postmodernism. Consequently, even if Thai “religiosity”²⁴ appears to have declined, I suggest that Buddhism’s compatibility with the scientific mode of analysis is such that Buddhist discourse still has considerable currency in Thailand at large.

A “demythologised” scientific picture of Buddhism in Thailand may be being painted, along the Buddhadasa and Payutto tradition. Yet, even popular Buddhism, strongly influenced by animism and Brahmanic ritual, tends to view Buddha-Dharma as pre-eminent and is generally flexible enough to incorporate modern scientific concepts within its overall worldviews. Questioning why, if Dharma reigns supreme in Thailand, do people still act unethically and become subjected to disease/illness and misfortune, one could (as many writers do) doubt individuals’ “belief” in the validity of Buddhism. Alternatively one could maintain that this is a matter of “knowledge”, “faith” and “practice” (or lack of them) *over-and-above* “belief”. This implies that individuals may have faith (or even knowledge) that Buddhist principles are valid, yet, because of *avijjā* or being “blinded” by the power of “craving” (or any other reason), they do not act in a “rational” (i.e. “purely Buddhist”) way. Such reasoning does not suggest that faith be taken on *a priori* grounds and practices and behaviours looked at exclusively. Nevertheless, much work on Thai attitudes to disease/illness, misfortune and healing lay excessive stress on cognitive processes, seen in eurocentric terms, and insufficient stress on pragmatic behaviour and action, more in line with, for example, a culturally-sensitive phenomenological approach.

In much anthropological literature²⁵, karma is relegated to the sideline when considering Thai attitudes and behaviours in light of adversity. For instance:

²⁴ Measured by temple visits, merit-making expenditure, etc.

²⁵ E.g. in Thai contexts: Tambiah 1970:41, Davis 1984:78, Golomb 1985:155 and Terwiel 1994:37; in Theravada Buddhist Burma and Sri Lanka: Spiro 1978:256 and Obeyesekere 1968:21 respectively.

"In popular Buddhism... kamma is invoked as an explanation of conditions that have emerged in one's lifetime only on rare occasions. Indeed... kamma... is restricted in usage to apply precisely to certain conditions for which there is no other explanation... [and] which must be accepted because there is nothing one can do about them" (Keyes 1983:265).

One cannot know what approaches researchers adopt, but, by leaving questions open and not asking specifically whether karma causes misfortune, may mean more existential or profounder matters remain unknown. Discovering people's feelings on such issues involves more than just conversation concerning *sammuti-sacca* and letting individuals project their own mundane ideas, without "guiding" them to contemplate *dukkha*'s root cause. It does not imply that researchers should put words in respondents' mouths. However, karma could be considered to have an overriding influence on causes-and-effects, which *contribute* to other (more obvious) causes of misfortune. In this way karma relates to Buddhism's approach to the laws that govern nature (Section 2.10), and helps comprehend individual beliefs and practices and motivations to look "within" for self-healing or to become active in helping others.

The "logical" approach to inquire about karma and misfortune may be flawed by conceptual limitations (e.g. thinking mutually exclusively) or linguistic barriers. For instance, if a patient is told they have an infectious disease due to genetic make up, and exposure to microbes, that might satisfy people on a certain level. However, it does not consider ultimately... "why me?". The patient or doctor may not cite karma *per se* as a cause, as might not someone suffering from cancer, crop disasters, etc., since other "viable" explanations may exist. Yet, karma may still drive other, apparently obvious, causes, exerting an overall influence. Karma means (volitional) action, so to say something occurs due to karma actually reveals very little. But using a dynamic interdependent approach allows causality to be considered with greater depth from moral and scientific perspectives. This approach, recognising multiple layers of reasoning or "plurality of causes", can obviously lead to diverse interpretations. Evans-Pritchard (1937:74-75), studying witchcraft among the Azande comments that the "natural cause" (defined by "common sense") rather than the "mystical cause" (witchcraft) may be selected, or vice-versa, depending on social situations. Discussing how natural causes can overshadow mystical causes he adds:

"...in our own society a scientific theory of causation, if not excluded, is deemed irrelevant in questions of moral and legal responsibility, so in Zande society the doctrine of witchcraft. We accept scientific explanations of the causes of disease, and... insanity, but we deny them in crime and sin because here they militate against law and morals which are axiomatic" (ibid:75).

Thus among the Zande, there are times (e.g. people tell lies or commit adultery) that the term “witchcraft” is used metaphorically and: “‘Witchcraft’ is in yourself (you alone are responsible)” (ibid:74). This suggests that causal laws determine occurrences, and individuals have a certain responsibility for their actions. In Buddhism, the situation is similar. Many informants feel that natural laws of causal interdependence pervade *all* existence in the relative (conditioned) sphere. This accords to the Buddhist teaching whereby “...all things, both material and immaterial, are entirely subject to the direction of causes and are interdependent” (Payutto 1995c:1). The Buddha, on Enlightenment discovered the Dharma, or the Natural Law (of cause-and-effect). Buddhadasa (1982:11-13), seeking to transcend religious differences, equates this law (which includes all other Laws of Nature) to the “Supreme Thing”, or the “only God”, acceptable to “modern scientists”, comprised of being:

“...the Creator, the Controller, the Destroyer, Omnipotent, Omnipresent, and Omniscient... [It] is the first cause and sustaining cause, every time and in every case in our universe. It creates both the positive and negative... If he were a personal God, he would choose only the positive. (If) we don’t want anything of the negative, we have to know the law of the positive. We can then have positive results by practicing in accordance with the law.”

This may appear contradictory, if to end *dukkha* concepts of positive and negative should be transcended. Nevertheless, it reveals different levels of teaching appropriate for people with different understandings. Than Chan* feels Buddhadasa’s teachings are often misunderstood because he frequently discusses high levels of spiritual attainment seemingly beyond most people. For instance, *jīṭ-wāṅg*, the empty/void mind that does not cling to or identify with the *attā*’s egotistical sensations²⁶, is contemplated as an ideal, but, without foundational practice, is effectively unattainable. However, *jīṭ-wāṅg*, understood in practical terms of ever-present awareness of one’s life and breathing, and non-attachment to selfishness, provides exponents with great energy and ability to work effectively to end *dukkha* and animosity, for individual and communal good (Buddhadasa 1995:27).

2.10 LAWS OF CAUSE-AND-EFFECT

Ajarn Prasart* highlights using *thamma-ōsot* and tailoring teachings to suit individuals by instructing patients on causes of illness/disease and preventing recurrences; yet, he is also aware of individual limitations in ability to digest what he

²⁶ Which could be considered the top of a pyramid of intensive and extensive spiritual training.

teaches. Therefore, he offers anything from basic information to profound *paññā*, depending on patients' receptivity. Generally, like Ajarn Somjai*, Ajarn Pinkaew* and several other traditional healers, he favours using *pitsanā* (enigmas, like Zen *koans*) to encourage introspection and transcendence of standard logical thought to realise nondual spiritual truths. This, he feels, helps patients develop *paññā* and prevent illness/disease. As for responsibility for one's actions, and thus one's conditions, he hoped he would not be misunderstood, but said that karma and Natural Law govern everything (19 July 2000). This implies that people get what they project (the results of karma), but should not mean blaming people for their illnesses/diseases and misfortunes, since anything causing *dukkha* is due to *avijjā*. Consequently, he feels such people should be treated compassionately and offered support, to instil better understanding of Natural Law.

Payutto (1995c:2), following extensive scriptural research, refers to *Dhammaniyāma* (Dharmic Law) as the Natural Law "...governing the relationships and interdependence of all things: the way all things arise, exist and then cease." The Buddhist commentaries describe five categories of Natural Law:

1. *Utuniyāma* (physical laws): affecting changes in the natural world or physical environment, e.g. weather, growth-decay of vegetation, formation-disintegration of minerals, etc.
2. *Bījaniyāma* (biological laws): affecting heredity in animals and plants.
3. *Cittaniyāma* (psychic laws): affecting workings of the mind, processes of cognition of sense objects and mental reactions to them.
4. *Kammaniyāma* (karmic or moral laws): affecting human behaviour, specifically *cetanā* and its consequences.
5. *Dhammaniyāma* (the general law of cause-and-effect): laws 1-4 are contained within (based on) this law, but do not cover its entire extent (Payutto 1995a:48, 1995c:1-2).

Payutto (1995a:48) notes that "science" has "complete confidence" in *Dhammaniyāma*, but limits its research to *utuniyāma* and *bījaniyāma*. If scientific inquiry includes psychology and psychiatry, mental activity within *cittaniyāma* is considered, but rarely is *kammaniyāma*. In social sciences, ethical issues are indeed part of inquiry, but depth in metaphysical matters is lacking. Furthermore, attempts are often made to conceal obvious moral messages, so arguments maintain an element of

“objective” academic respectability (Section 3.4). Buddhism recognises that not all the world’s events result from karma’s workings, as other laws operate. Nevertheless, considering sentient beings, especially humans, all is governed by *cetanā*, which creates and moves the world. Ruhula (1998:22) brings attention to the Buddha’s own definition of karma: “O bhikkhus, it is volition [*cetanā*] that I call karma. Having willed, one acts through body, speech and mind.”

Likewise, the Buddha said that “*kammunā vattatī loko* – the world is driven by kamma” (Vasettha Sutta, Khu., Sm., 654, cf. Payutto 1995a:49). Consequently, *cetanā* and karma are fundamental to all human thoughts and actions, and in this context Ruhula (1998:31) notes comparisons between “mental volition” and “libido” in modern psychology. However, in Buddhism volition is linked to a moral system and thus more than what psychologist Gross (1996:775) refers to as the “psychic energy” affecting emotional states and individual personalities. Yet, events (e.g. illnesses/diseases and accidents) do not occur independent of natural laws other than *kammaniyāma*, since, at a given time and place, what unfolds generally depends on combinations of all of *Dhammaniyāma*’s laws. Buddhadasa (1999:118) argues that all activity is due to “...causes and conditions endlessly forming and concocting each other...[or] the flow of [*Dhammaniyāma*]... It flows continuously according to impermanence and the fact that once conditions have formed they force the arising of new things and more new things.” Therefore illness/disease may be due to combinations of climate (*utuniyāma*), genetic factors (*bījaniyāma*) and emotional states (*cittaniyāma*). Nevertheless, concerning human responsibility, which ultimately determines *why* it happens to *that* person at *that* time, in Buddhism *kammaniyāma* is the relevant law (Payutto 1995c:4).

2.11 THE PROBLEM OF KARMA: MISCONCEPTIONS AND THE “SELF”

When karma is introduced into Western culture, especially in contexts of empiricism, individualism and aggressive demands for equal rights, misunderstanding and complications may arise. For example, since the word *casualty* (from the Latin *casualitas*) means “chance” or “accident” (Leslie 1999:23), nowadays much responsibility is taken away from individuals. Superficially this may appear so, but it conflicts with traditional Judeo-Christian emphasis on guilt and blame, which stipulates that disease/illness and misfortune is a punishment for wrongdoings. This may cause individual and collective confusion, as seen by conflicting reports in general literature and the mass media.

Wilber and Wilber (1988:51), considering the topic “making oneself sick”, say that the “...new age stance... largely defined by its narcissistic, grandiose, and omnipotent fantasies” causes much misunderstanding. It equates illness to spiritual weakness and arguably mistakes the New England Transcendentalists, Thoreau and Emerson’s “...correct notion, ‘Godhead creates all’, for the narcissistic notion ‘Since I am one with God, I create all’” (ibid:51). This incorrectly considers God as “...an intervening parent for the universe, instead of its impartial reality or suchness”, and mistakenly believes that an individual’s “...ego is one with the parental god, and therefore can intervene and order the universe around” (ibid:51). Thus, “...the whole notion of karma as described by the Buddhist and Hindu spiritual traditions has an intent that is exactly the opposite of making you feel guilty” (ibid:87). For when karma comes to fruition (e.g. in illness/disease) it does not generate new karma, rather one has the chance of “burning off” karma (Section 4.9), and developing spiritually by mindfully experiencing results of past actions.

Misunderstanding karma, can lead to unfortunate consequences; for example in the UK when The Times’ front page (30 January 1999) reported how Glenn Hoddle (the then England football coach) had attributed people’s disabilities to “bad karma”. Both sufferers of disabilities and Hindu’s, who felt that it put their faith in a bad light, considered this judgmental and offensive. For instance, Kishor Puarelia, general secretary of the World Council of Hindus, stated: “It seems that Glen Hoddle has mixed up two concepts from Hinduism and Christianity. One is the Hindu concept of karma and reincarnation. The other is the Christian concept of the condemned sinner” (cf. The Times, 6 February 1999). Such thinking involves considerable reductionism; morality is equated with material and emotional levels, so people are judged by their possessions, and physical and mental attributes. Referring to Indian society, Leslie (1999:40) states “...the doctrine of *karma* appeals more to the physically and socially healthy (the higher castes, the wealthy, men, the able and the well) than to the sick (the lower castes, the poor, women, the disabled, and the ill).”

This implies a value system based on sensuality, especially clinging to the body and pleasures of the *attā*. From a more integral perspective, pain and suffering are transient universal conditions, and the trained mind can be freed from their influence. In insight meditation, when one seeks to “transcend pain”, the possibility is just a *belief* when held by faithful practitioners, yet to realise it; however, for those following the injunctions and gaining intuitive apprehension it is indeed *knowledge* (Section 4.11).

Looking at free will in the Glenn Hoddle and karma case, the reaction of Dr Richard Burrridge, Dean of King's College, London and member of the General Synod of the Church of England, is indicative of dualistic thinking:

"...You cannot deny that it is there in ancient Greek philosophy, in Hinduism, Jainism; Buddhism, that your current situation is a consequence of your actions in a previous life. That is the law of karma... [but] I find it offensive that... [disability] could be a punishment or a consequence of a previous life. That is why the Judeo-Christian idea, shared with Islam, that there is no such thing as reincarnation, came as such good news to the ancients. It sets people free" (cf. The Times, 6 February 1999).

2.12 FREEDOM FROM CONDITIONALITY

Religious teachings may make people feel relatively free, but without transcending relative, conceptual thought, freedom is limited; since people are still conditioned by God's will, natural laws, or whatever. Nevertheless, in Buddhism, and other nondual traditions, ultimately what arises is neither God's will nor accidental. The Indian sage Sri Aurobindo (1872-1950) openly admitted that rebirth, reincarnation and karma were major philosophical problems, but, like other mystics, he saw the problems arising from dualistic thinking. For instance, in our universe, which seems like a web of oppositions and contraries, while finding "eternal freedom" from "the chain of causality" the Buddha:

"...seems to have conceived of Nirvana as... a negation of Karmic existence in some incognisable Absolute which he refused steadfastly to describe or define by any positive or any negative... For the self as an individual, the soul in action of Karma is bound always by ignorance, and only by rejection of individuality and of the cosmic illusion can we return to the liberty of the Absolute... Compulsion of ignorance or Karma is absolute in the world of birth; freedom of the spirit is absolute in a withdrawal from birth and cosmos and Karma" (Aurobindo 1978:78-82).

This passage considers "freedom" as a relative, conditioned notion that is meaningless when senses of individuality are transcended. Rahula (1998:53-54) argues that "Free Will", a will independent of cause-and-effect, relates to a God, a soul, justice, reward and punishment, thus "[n]ot only is so-called free will not free... even the idea of Free Will is not free from conditions." Escape from the paradoxical dilemma of freedom versus determinism occurs through nondual action, with no clinging to the *attā*. Here, with no subject, there can be no "objective" causal factors (Loy 1988:128), something realised by mystics throughout the ages. Practically-speaking, the essence of nondual meditation techniques, one must train oneself to be "the Witness". This can be referred to as "the pure Self", "the transpersonal Witness" or simply "ever-present consciousness" (Wilber 1998a:286) and implies no attachment to *avijjā*-based concepts

and feelings of “I”, “me” and “mine”. Payutto (1995a:50) argues that “the concept of self” confuses people who, “with minds still trapped in habitual thinking”, try to consider “reality as an actual condition”, since: “The two perspectives clash. The perception is of a doer and a receiver of results. While in reality there is only a feeling, the perception of ‘one who feels’.”

Meditation teachers across Thailand use this approach in “guided meditations”, as do insight meditation manuals. Sensations are divided into pleasant, unpleasant and neutral (most subtle); but, whatever sensation, meditators are simply mindful of what arises. Watching sensations and seeing that (like all conditioned phenomena) they arise and pass away, one sees that any attachment causes *dukkha*. Sunlun Sayadaw (1878-1952), a renowned Burmese Buddhist monk, who taught insight meditation based on practically applying a concentrated and cleansed mind, spoke of “killing the causative force in the effect” and ultimately “killing the cause in the cause” (Kornfield 1993:105). Thus, initially meditators neither reach toward the sensation nor after it, but rather are “...mindful of the sensation in the immediacy of its arising or vanishing which is the present time, the now” (ibid:105). Meditators, conscious of the arising of sensations (e.g. lust and hate) learn to not cling to them, until finally, through mindfulness, such sensations do not arise, even when meditators comes into contact with objects that could cause their arising.

An ability to have *sati* (mindfulness) going beyond a few seconds may not require great training, since the potential is within all humans. My preceptor when I became a monk spoke of how he once maintained mindfulness continuously for seven days, even through sleep (15 April 1997). Constant consciousness through all three states of being awake, dreaming and deep sleep is possible for anyone who develops spiritually, especially through meditation. Wilber (1999:318), stressing meditation’s significance, mentions attaining constant consciousness over day and night for as much as eleven days at a time. However, more than *sati* alone should be developed, for in everyday life *sampajañña* (clear comprehension, circumspection, awareness) is also significant. Often the terms are combined as *sati-sampajañña*, implying mindfulness applies to the attitude and practice of a purely receptive state of mind, while clear apprehension “comes into operation when any kind of action is required” (Thera, N. 1983:29). *Sati-sampajañña* is fundamental to practices such as TCC (Section 7.5), where through sensitivity one “feels” things around one, and through practice learns to prevent cumbersome behaviour and accidents.

A realisation from insight practice is that all conditioned phenomena, whether events in the world “outside”, sensations and thoughts “in” the body and mind, or awareness of an *attā* are all just “objects”. These objects should be neither followed nor avoided, but left to come and go following *Dhammaniyāma*. The implications for enduring pain and *dukkha* without effort or anxiety (just another sensation), are that a trained, detached mind can better deal with illness than one identifying with and carried away by feelings. In medical anthropology, Scarry (1985:29) proposes that pain has a potentially “world-destroying” quality. This resists objectification and threatens the structure of everyday life (Good 1994:121). Furthermore, “[i]llness and other personal and social crises are ‘dis-orders’ that undermine personal and social order” (Kleinman 1980:235). Such comments validly describe how individuals get “carried away” by sensations. However, without contemplating the efficacy of acting as the Witness, interpreting the meaning of pain arguably does little to extinguish *dukkha*.

This approach to pain may be better understood by adopting an analogy Sumano Bhikkhu*, with decades of experience using meditation as therapy, employed when explaining how pain can be considered insignificant, if one is unconscious or just “aloof from pain” (16 August 2000). This happens with acupuncture anaesthesia, where patients may observe incisions and operations without sensations of pain arising. There is awareness with visual sensations, but just no feeling, *vis-à-vis* touch, responsible for detecting physical pain. When awareness develops beyond conventional levels and leads to the ability to physically feel pain, but not cling to the sensation, the pain is only felt as an intense sensation without any element of affliction (Kornfield 1993:106). Physiologically, nerves still function as nerves, neurons still conduct nerve impulses, etc., but one learns to consciously “watch” sensations until they no longer emotionally affect one. Thus one “...experiences pain only in the body, not in the mind” (Payutto 1994b:24). Because pain is an intimidating force, people often “cling” to it and fear more pain, then it becomes pain in the mind. Pain, like happiness, is simply a transient condition, though, being courser, is easier to handle. This may be used to meditators’ advantages, since pain becomes the “object” of meditation and encourages development of the awareness necessary to become “aloof” from pain, other sensations and emotions. With awareness:

“...ultimate reality is not something seen, but rather the everpresent Seer... the center of the cyclone, the opening that is God, the clearing that is pure Emptiness.

“There is never a time that you do not have access to this Witnessing awareness. At every single moment, there is... spontaneous, effortless awareness... Even if you

think you don't see it, that very awareness is it... As an object you are bound; as the Witness you are Free" (Wilber 1998a:288-289).

Skinner (1973:21), however, believes that dimensions of mind and character are not "felt" by those experiencing them, rather they are "observable only through complex statistical procedures". For instance, he (ibid:21) says that we cannot *feel* our jubilation conditioned by external events, nor can respondents to questionnaires *feel* the *attitudes* or *opinions* that make them check items in particular ways. Yet, this is contrary to the witnessing awareness that people who have developed mind control use, not only to *feel* what happens "within" them, but to also *know* (through proof) what occurs. Here is where empirical sciences, such as behaviourism, and transcendental sciences, such as nondual meditation differ. Aurobindo (1993:180) warns that, although it may bring equanimity and detachment:

"The witness attitude is not meant as a convenient means for disowning responsibility of one's defects and thereby refusing to mend them. It is meant for self-knowledge and in our yoga, as a convenient station... from which one can act on the wrong movements by refusal of assent and by substituting for them the action of that true consciousness from within or above."

The terms "within" and "above", though relative concepts, are used to prevent egocentric behaviour, based on *tanhā*. This views spiritual paths as paths in which individual life and work is ultimately for the good of all humanity, all sentient beings, everything, or what Indian sages call "the Divine".

2.13 DEPENDENT ORIGINATION AND THE END TO IGNORANCE

Patticasamuppāda (Dependent Origination) is given considerable attention in classic Buddhist texts. However, in Thai contexts, Keyes (1983:262) comments that its "...theological subtleties... are of little interest to the ordinary practitioner of Buddhism", and instead he proposes that the doctrine of karma is most meaningful, since it provides a basis for moral action. My experiences with Thai Buddhists (especially laity, but also many monks) suggest this is so, and significant spiritual progress may be attained without knowledge of *Patticasamuppāda*; while other nondual mystical traditions may say nothing of it. Nevertheless, according to Buddhadasa " (cf. Swearer 1989:116), one should be aware of it "...because like other scientific principles, it lies hidden to uninitiated minds so false notions about it run rampant." Furthermore, arguably the "Buddhist concept of health and dis-ease is formulated within the framework of the principle of Dependent Origination" (Pinit 1996a:28) and it "...is the central principle of the Buddha's teaching" (Bodhi 1980:6). Dr Pinit

Ratanakul (1996a:28), from Mahidol University (Thailand's foremost medical institution) postulates that humans live in "...an organically structured world where all parts are independent" and health should be understood holistically. Consequently disease/illness indicates imbalance, and healing seeks to re-establish harmonious relationships of factors that are biological/physical, mental/psychic, social (regarding interaction with others) and spiritual (concerning the "moral" environment at large).

The traditional healers and monks studied often stressed balancing the four *dhātu*, yet added that *avijjā* prevents people knowing how to avoid deviation from balanced states. Therefore, however good a healer is, their efforts may be limited unless patients can develop *paññā*. Dealing with *avijjā* intellectually may improve understanding of how the mind-body can stay healthy, but the health will be partial unless *avijjā* is considered metaphysically. This would transcend other problems, because instinctively and through greater sensitivity people will *know* what promotes health and harmony. Thus, *avijjā* is central to extinguishing *dukkha* and is commonly considered the first of twelve interdependent links/factors in *Patticasamuppāda*'s continuous chain. This chain/cycle, without beginning or ending, like all other conditioned things, has no First Cause. The following classification is therefore adopted purely for practical clarity.

1. Ignorance (*avijjā*) conditions...
2. Volitional impulses (*sankhāra*) (or karma-formations) condition...
3. Consciousness (*viññāna*) conditions...
4. Mind-body phenomena (*nāmarūpa*) (or individuality) condition...
5. The six sense bases (*salāyatana*) (five sense organs and mind) condition...
6. (Sensory and mental) contact (*phassa*) conditions...
7. Feelings/sensations (*vedanā*) condition...
8. Craving/desire (*tanhā*) conditions...
9. Clinging (*upādāna*) conditions...
10. (The process of) becoming (*bhava*) conditions...
11. Birth (*jāti*) (or rebirth) conditions...
12. Ageing/decay, death, sorrow, lamentation, pain, grief and despair (*jara-maranam-soka-parideva-dukkha-domanass-upāyāsā-sambhavanti*)
(cf. Payutto 1995b:445).

Thus, *dukkha* arises and perpetuates until *avijjā* is replaced by clear understanding that *Ti-Lakkhana* pervades all conditioned phenomena. *Avijjā*'s cessation breaks the chain, since without *avijjā* there are no volitional impulses or karma formations and no conditioning leading to *dukkha*. Buddhadasa (cf. Swearer 1989:117) explains how sense organs are like ignition switches which, after contact with objects, can, through *avijjā* and a sense of individuality, cause *dukkha*. *Dukkha* arises in the "origination mode" (*samudayavāra*), corresponding to the Second Noble Truth, while the cessation of *dukkha* occurs in the "cessation mode" (*nirodhavāra*), corresponding to the Third Noble truth (Payutto 1994b:85). This latter mode describes how cessation of *avijjā* stops karma-formations and *dukkha*. Certain literal interpretations, for instance those strictly following Buddhaghosa's comments in the classic text *Visuddhimagga*, say that cycles of *Patticasamuppāda* take a lifetime or more for completion. However, in present-moment analysis dealing with psychological states, the time taken for an object of the senses to lead to the arising of *dukkha* is instantaneous (Buddhadasa, cf. Swearer 1989:121-122).

The moment of contact, when sense organs ("internal") connect with sense objects ("external") and give rise to sense-consciousness (in the mind) is vital, for *if* at this instant *avijjā* arises, it causes *dukkha*. In this sense, arguably "[a]ll Buddhist schools, like all Western schools of psychology, accept that experience depends in the first place upon the contact of material sense objects or stimuli with material sense receptors". (Du Pre 1993:113). In Buddhism the mind, though not directly dependent on materiality, is conditioned by the same processes as other senses.

Using the example of sight, *if* when the eye comes into contact with a visual object, producing eye-consciousness, *avijjā* arises, *then* there is feeling with *avijjā*. The same applies to the mind, with a mental object and mind-consciousness. This implies feelings identified dualistically, pleasant/unpleasant, etc., which cause *tanhā* (to have/not have). Next clinging/attachment arises, which brings about a sense of possession (the root of becoming or the ignorant notion of an *attā*) and this creates birth (of the feeling of a proper *attā*) and ultimately *dukkha*. Birth of the sense of "I", "me" and "mine" is the root cause of all egocentric thoughts and behaviour, since it leads to identification with one's own birth, possessions, feelings and finally fear of one's own death. Thus, the problem of *dukkha* essentially exists in the mind. Attachment to meanings is what determines *dukkha*, therefore the intellectual approach can never transcend/end *dukkha*. In this sense, sciences of the mind and human behaviour, whether psychology, anthropology or phenomenology, may solve intellectual problems,

but not *dukkha*, for as Buddhasdasa (cf. Swearer 1989:118) states: “[d]ukkha arises only in terms of valuing and assessing, e.g. pleasurable, painful; only when feelings dictate meaning.”

Though contact causes *dukkha*, it is conditioned by preceding factors in *Patticasamuppāda*’s chain, *avijjā*, volitional impulses, consciousness, a locus of individuality, and the six sense bases. Contact is considered an important moment for convenience, because the Witness or Seer deals (has contact) with sense objects. When instead of *avijjā*, mindfulness and *paññā* prevail at contact, wise feelings arise, which in turn give rise to wise want (*chanda*), without *avijjā*. *Chanda* does not cause clinging/attachment, and consequently there is no becoming and birth of an *attā*, and no *dukkha*. Seen alternatively, (wise) faith can break the cycle, by leading, through insight of things “as they are”, to development of *paññā* and *dukkha*’s cessation. In this context faith is “supported by suffering [*dukkha*]” in that “suffering spurs the awakening of religious consciousness” (Bodhi 1980:19). Therefore, even if one faces apparently incomprehensible happenings, faith can act as a foundation for *paññā* and spiritual progress. With spiritual development faith transforms belief into knowledge and gradually one realises:

“There are no accidents... Seemingly astounding and miraculous events are entirely causally arisen, but because the causes are sometimes obscured from our knowledge, those events may appear to be miraculous. However, any sense of perplexity or wonder soon disappears once the cause of such events is understood. The word ‘supernatural’ is simply a contrivance of language referring to that which exceeds our current understanding, but in fact there is nothing that is truly ‘supernatural’” (Payutto 1994b:23).

2.14 THE INDIVIDUAL AND THE COLLECTIVE

On a societal level “collective karma” can explain why communities experience particular events, act in certain ways and come together to overcome adversity (cf. Chapter 7). Jung, with insights into the psychology of East (1978), developed the concept of the “collective unconscious” and its archetypes (1991). Basically, the collective unconscious is that lying over-and-above the personal unconscious and possessing qualities not individually acquired but inherited from ancestors. Consequently, it is not made up of individual and essentially unique components, but universal contents of regular occurrence. This approach to individual psyches can explain or justify the mental processes individuals experience and how they behave in groups. Payutto (1995c:67) argues that in the relationship between individuals and groups/societies “...social currents are originated by individuals, and from there the

masses follow. Hence we can see that society leads the individual, but at the same time, the individual is the originator of social values and conventions.” Moreover:

“Actions produced collectively produce results that affect the whole community. For instance, when a nation collectively adopts an unskilful [*avijjā*-based] social value, such as materialism, the nation as a whole receives the results of that social value, whether it is adopted consciously or not.... Thus, whole societies can be propelled in certain directions through collective beliefs and social values. This is why beliefs are considered in Buddhism to be the most powerful influences on kammic actions” (ibid:66).

Venerable Ajarn Sumedho²⁷, suggested that collective karma may explain why many Cambodians, as Buddhists, experienced much collective *dukkha* in the Pol Pot years (24 December 1997). The explanation, though, might be unacceptable to modern scientific analysis because it presupposes rebirth. However, a coherent system of cause-and-effect is behind it, which can be understood with introspection and *paññā*. Phra Sonthat Khuntithammo (a monk in Chiang Mai) said that the people who suffered under Pol Pot’s regime as a group might have harmed him and his associates in past lives (7 September 2000). Numerically this may seem unfathomable, yet, since Phra Sonthat feels humans may have been animals in past lives and vice-versa, and sentient beings’ size and ability to work in groups varies, the parameters could be widened along with the perspective adopted. Nevertheless, I suggest care in using rebirth to explain occurrences, as many factors are involved linking individuals and their surroundings and one risks distraction from present-moment awareness.

In Thai contexts similar fears that plague individuals may be “institutionalised” to affect a social class or a community (Kancana 1982). Moreover, similar motivations that induce individuals to embark on “self-healing”, or playing an active role in understanding causes of and solutions to problems, may shape the spirit of a community to strive for self-reliance. Therefore, aggregates of individual thoughts and attitudes cause collective or institutional responses. Such assumptions are at the heart of “organisational learning”, which Argyris and Schon (1996:4) argue repelled social scientists in the early-1970s as it:

“...seemed to smell of some quasi-mystical, Hegelian personification of the collectivity. Surely, they felt, it is *individuals* who may be said to learn, just as to think, reason and hold opinions. To them, it seemed paradoxical, if not perverse, to attribute learning to *organizations*.”

²⁷ Ajarn Chah’s foremost Western disciple and abbot of Amaravati Buddhist Monastery in Hemel Hempstead.

Nowadays many writers talk about “the learning organisation”²⁸ and the paradox no longer seems so controversial. For organisations learn through individuals acting as agents for them, while “[t]he individual’s learning activities, in turn, are facilitated or inhibited by an ecological system of factors that may be called an organizational learning system” (Argyris 1999:157). Argyris (ibid:92) argues that logical and behavioural paradoxes, essentially have different properties. Logical paradoxes occur when meanings embedded in words used contain their own contradictions; however, in individual or even collective action, the meanings designed and produced tend to be inconsistent and disguised by those who design them. What results are apparently paradoxical actions, but only because of limited knowledge of all the *facts*. This might be due to adopting Aristotelian logic that explains results in the properties of phenomena being studied, rather than the relationships among them. Seen more dynamically, limited emphasis on causal relationships and explaining interaction between individuals and their environments, blurs the picture (ibid:245).

Hidden causes-and-effects may confound understanding of human behaviour and the phenomenological world. Nevertheless, whatever level of conceptual knowledge attained, paradoxes exist because of the nature of relative thinking influenced by egocentrism. Thus, individuals often feel like separate entities *vis-à-vis* others in communities/societies, despite there being no independence according to *Dhammaniyāma*. Contrastively, individual or community pro-active behaviour to remedy existing “dis-orders”, whether physical, mental, social or spiritual, is arguably hampered by dependence and lack of autonomy (Chapters 5 and 7). Autonomy as a powerful dualistic concept, may help in instigating self-healing and community self-reliance, yet may itself cause “dis-orders” whether for people in the West or East.

2.15 CONCEPTUAL MINDS: EAST AND WEST

“European metaphysical thought - even in those thinkers who try to prove or explain the existence and nature of God or of the Absolute - does not in its method and result go beyond the intellect. But the intellect is incapable of knowing the supreme Truth; it can only range about seeking for Truth, and catching fragmentary representations of it, not the thing itself, and trying to piece them together” (Aurobindo 1993:23).

The above issue should not be clouded by considering apparent Indian ethnocentrism (especially as Aurobindo was writing towards the end of British colonial rule), for it fundamentally seeks to highlight a lack of balance in Western thinking. I

²⁸ E.g. Bentley 1991, Reid and Barrington 1997 and Clutterbuck 1998.

suggest similar things could be said about much Eastern thinking, and this is why balance is so relevant to health considered holistically or integrally. Generally, balance refers to states of rest or equilibrium caused by equal actions of opposing forces. However, such definitions may view balance in static terms (e.g. stationary weights). In TTM, balance is sought regarding the four *dhātu*, while TCM seeks to balance “yin” and “yang” and the “five elements” (wood, fire, earth, metal and water). Similar concepts of balance are found in Indian Ayurvedic medicine and medical systems of ancient Greece, Persia and other societies. Achieving equilibrium usually depends on a number of relatively complex interacting factors. Nevertheless, dualistically, balance may be considered in terms of two complementary yet opposing forces/tendencies. These tendencies are included in ideas of “holons” or “holarchy”²⁹ used by “Systems Theory”, arguably the most scientific and widely accepted approach to studying things holistically.

Among others, Wilber (1995:35), who states “...reality as a whole is not composed of things or proecesses, but of holons”, and Capra (1983) use holarchic analyses to discuss the interconnectedness of all the universe’s “living” phenomena. In holarchies every living system or subsystem is considered a holon which is itself a whole with respect to its parts, but also a part of a larger whole or a higher holon. In the human body, using biomedical terms, holons can be considered as follows: atoms (holons) exist in molecules (higher holons), which exist in cells (even higher holons), which exist in organisms (higher holons still), and so on up the holarchy until a whole human organism enters the picture. In society the same thing happens when moving from individuals, to families, local communities, nations, and finally to global society. Considering all phenomena, as in the “Great Nest of Being”, the supreme nondual transcending holon of pure Spirit or nonduality is the ground for all levels. In descending order, they are the causal spirit of mysticism, the subtle soul of theology, the symbolic mind of psychology, the level of life of biology and the level of matter of physics (Wilber 1999:43-44).

Regarding individuals and integral health, I simplify matters to include only three levels (in ascending order), body (the physical realm of *cogitatio*), mind (the mental realm of *meditatio*) and spirit (the spiritual realm of *contemplatio*)³⁰. This accords with Thai classifications of *gai* (body), *jī* (mind) and *wiññān* or *jī*-*wiññān* (spirit) which many informants use (cf. Prawet 2000:3-6).

²⁹ Terms originally developed by Arthur Koestler (1905-1982).

³⁰ *cogitatio*, *meditatio* and *contemplatio* are discussed in Section 3.4.

All holons are interrelated and properties of wholes cannot be reduced to sums of parts. However, at each holon level exist two opposite yet complementary tendencies making the whole system flexible and open to change (Capra 1983:27). This leads to dynamic balance, with movement and self-regulation the norm. The opposing tendencies are “integrative” and “self-assertive”. The former acts to function as a part of a larger whole and encourages responsive, intuitive and cooperative traits. The latter acts to preserve individual autonomy and manifests potentially-aggressive characteristics; moreover, it is associated with linear, analytic thinking. In a biological or social system each holon needs the integrative tendency to submit to demands of the whole and make the system viable, while it also needs the self-assertive tendency to maintain the system’s stratified order.

Capra (ibid:28-29) argues that nowadays we see excessive promotion of the value of the self-assertive tendency in individuals, especially in education (e.g. medical schools) and business, where competition is encouraged and highly rewarded. In Thailand this tendency arguably exists in the way in which the materialistic Dhammakaya Buddhist sect (Section 7.9) has recently operated and became so well-established among members of the Thai bureaucratic, military, political, educational and religious elite (Post, 22 March 2000). The prevailing imbalance is influenced by the social Darwinism that developed from Darwin’s evolutionary ideas and spread to thinkers the world over, where “survival of the fittest” is the guiding principle. Nevertheless, imbalances caused by such attitudes, ignorant of principles of interdependence, are ultimately harmful to individuals and groups.

The ancient Chinese simply classified the aforementioned tendencies as “yin” and “yang” and saw that any excess of one or the other leads to imbalances and resultant disharmony or disease in individuals or society. Taoist Master Ni, Hua-Ching proposed that all problems (physical, mental, social or spiritual) are caused by imbalance and excessive egocentrism (6 August 1994). He suggests that considering the natural physiology of the left and right sides of the brain (left-brain and right-brain), their different functions can be observed, which helps in TCM diagnosis and acupuncture. The left-brain controls sequential processes of logic and analysis, rational behaviour (the self-assertive tendency of holons) and the right side of the body, including the right hand where strength and “masculinity” are expressed. This side of the brain controls linear thinking, and thus dualistic interpretations of reality. The right-brain is associated with holistic thinking, synthesis, consideration and sensitivity (the integrative tendency of holons), and the left side of the body and the “gentle” left hand.

Dualisms may exist even when comparing linear and holistic thinking, though if viewed with *paññā* they may both help one achieve balance, the development of consciousness (Chapter 5) and integral health. The traditional healers Ajarn Somjai* and Ajarn Singkham*, are both left-handed and use much intuition in diagnosis and prognosis; however, they stress balancing physical activities, as well as those of the mind. Ajarn Somjai*, uses various forms of healing, informed by balancing principles based on Dharma. He feels the “gentle” left hand (symbolic of the integrative tendency) is undervalued in modern times, and promotes holistic thinking when considering health. Ajarn Singkham*, with fifteen years in the monkhood behind him, mainly adopts *thamma-ōsot*, informed by knowledge of numerology, stemming much from intuition. He feels that this helps him see things holistically and with *paññā*. Dr. Suvinai is also left-handed and his TCC skills are highly respected in Thailand. Furthermore, he has developed analytical thinking for lecturing at Thammasart University. Nevertheless, he feels that being left or right-handed is not significant if people develop consciousness and realise balance, something I too suggest elsewhere (Arthit, May 2000).

With paralysis patients, my experiences with Dr. Santi* reveal that imbalance, *vis-à-vis* using different sides of the brain unequally, is arguably a major factor contributing to strokes. Dr. Santi* repeatedly stresses that health depends on dynamic balance and believes this can apply to TCM and biomedical concepts³¹. Ni (1990a:230-231) argues that “on a more mystical level” looking at the natural evolution of humans, the tendencies and habits of people in the Eastern and Western hemispheres are interestingly contrasted. Furthermore, since the Earth is shaped similarly to the brain, different developments of the east and west sides of the globe should serve each other in beneficial ways, though “...it appears that the left side of the brain is overused in today’s society” (ibid:230). The self-assertive tendency can promote reductionism to that which can be analytically conceived. This may be useful in modern science, which influences people in both the West and the East. Though possibly more in the West, for:

“Until the Occident outgrows its adolescent assumption of intellectual and spiritual superiority over the men of the East, it will fail to understand, much less to profit by, the doctrine of the voidness. Wherever progress is measured in terms of technology and not in terms of right understanding, the perfecting of the machine rather than of man will be the guiding principle” (Evans-Wentz 1990:4).

³¹ E.g. balancing the sympathetic (with functions of stimulation and dilation) and the parasympathetic autonomic nervous system (which acts to subdue and contract).



Figure 6. Ajarn Somjai* with his MoPH certificates for healing behind him.



Figure 7. Ajarn Singkham* working with numbers and intuition. On his desk is an offering of yellow flowers, incense and candles from a “patient”. He writes down numbers related to people’s dates of birth and current conditions, makes calculations and meditates to help in diagnosis and prognosis.

Yuasa (1993:9), studying Christianity's development, suggests that "[h]istorically speaking, the idea of dualism seems indigenous to the tradition of Western thought". However, conceptually dualism has pervaded all traditions, East and West, whether in explicit terms, such as "flesh" and "spirit", or simply because the human mind tends to identify with an *attā*. Thus, although differences in how things are described or referred to may exist, *practically-speaking*, cyclical thinking, linear thinking or even holistic thinking is still dualistic thinking.

Considering whether cultural differences affect the way minds of individuals work, or whether the same basic processes underlie all human thought, recent research evidence (awaiting publication in the journal *Psychological Review*) shows that there are indeed differences in how Eastern and Western people think. The research challenges Western scholars' standard views that all humans make sense of the world around them similarly. For instance by, among other things, "...a devotion to logical reasoning, a penchant for categorization and an urge to understand situations and events in linear terms of cause and effect" (*International Herald Tribune*, 10 August 2000). The research findings challenge common perspectives among cognitive psychologists by concluding that Easterners think more "holistically" and pay "...greater attention to context and relationship, relying more on experience-based knowledge than abstract logic and showing more tolerance for contradiction" (*ibid.*). Westerners, though, think more analytically, "...tending to detach objects from their context, to avoid contradictions and rely more heavily on formal logic" (*ibid.*). This realisation is hardly new. Rudyard Kipling (1865-1936) suggested "...profound differences in thinking between East and West", states Hofstede (1994:159), who himself notes: "Western thinking is analytical, while Eastern thinking is synthetic" (*ibid.*:172). Yet in psychology it is lauded as a revolutionary discovery. The fact that the results are based on a series of tightly-controlled laboratory experiments shows the power of empirical science paradigms, and according to Ni (1990a:230-231) it reflects the difference in which side of the brain is most used. Additionally, Jung (1977:348-349) suggests:

"Western man seems predominantly extraverted, eastern man predominantly introverted. The former projects the meaning and considers that it exists in objects; the latter feels the meaning in himself. But the meaning is both without and within."

Nondual mystics do not limit themselves to relative separations. However, with augmenting materialism and scientism, and a general move towards "outside worlds" of empirical phenomena (*vis-à-vis* "inner worlds" of phenomenology and *transcendelia*), *dukkha* may increase. Considering what is "normal" and "abnormal" in modern Western

patterns of thinking and traditional Eastern ones, Yuasa (1993:61-65) notes differences. His thesis is that the former uses for its “normal” standard the vast majority of observable human cases, and anything not conforming is considered “abnormal” or “pathological”. Thus, both a genius and a madman will ultimately be classified as “abnormal” (cf. Section 4.8). Contrastively, the latter does not formulate an empirical law by generalising as its standard cases unspecified large numbers of people, and if anyone forms part of the minority of cases, they may fall *either* side of the average majority in the middle. This gives rise to two kinds of “abnormality”: negative abnormality and positive abnormality (or more specifically “supernormality”) (ibid:62). To this effect:

“Eastern mind-body theory attempts to understand the ideal state based on the experiences of the elite who through long periods of training have acquired a high degree of mind-body ability, which cannot be observed in the average person. It is both the ideal state and the potential state which promises a *possibility* to all people...

“...[Thus] Eastern theory takes as preventive medicine the approach of enhancing, through constant and repeated training, the degree of health so as not to contract sickness.

“...[o]ne cannot enhance one’s endowed potential capacity unless one makes an effort. It cannot be left up to doctors” (Yuasa 1993:62-63).

My findings particularly from studying traditional healers and biomedical doctors reveal differences between “traditional” Eastern patterns of thinking and “modern” Western ones. Yet, looking at the spread of modern education and mass media there appears little left of purely “traditional Eastern thinking”, though I argue main informants synthesise insights from both patterns of thinking. Older traditional healers, especially those with little formal schooling, exhibit holistic more than analytical thinking. Some even appear to fear (reductionist) “science”, particularly in healthcare, where they feel increasingly more vulnerable with the spread of the jurisdiction of the state. Nevertheless, in the spirit of non-attachment, certain healers, like several monks, note that things can go any way in the future. The technology that has been developed may be used with mindfulness and *paññā* for great purposes, but this depends on balancing forces of nature “within” the mind and “without”. Holistic-synthesising thinking has its merits, as does linear-analytical thinking. In the world of form, where “external” development takes place, balance can be achieved, but, as Chapter 3 suggests, it depends on adopting *paññā* and transcending *tanhā*.

Consumer behaviour experts have long recognised East-West differences used to promote consumerist mentalities. They generally feel that Western cultures emphasise the unique nature of the independent self, while Eastern ones stress an interdependent or

collective self, with identity largely defined by relationships with others (Solomon et al. 1999:175). The differences are in surface structures and *sammuti-sacca*, of which knowledge is relevant; whether to help others or promote narcissism. Methods used to stimulate consumerism are arguably based on significant knowledge of egocentrism and aided by modern technology and research; for instance, “positron emission tomography” measures changes in blood flow and electrical activity in different parts of consumers’ brains when exposed to various shopping environments, thus revealing what encourages consumption. Buddhism proposes that as long as individuals respond to stimulus at the point of sense contact (causing conditional arising of feelings, craving, clinging, etc.) *dukkha* arises.

Consequently, despite differences in people, considering deeper structures and integral health, whatever their worldview, individuals are generally subject to *avijjā*, and *tanhā*. Buddhist “paths” of balanced development are formulated within a practical system of injunctions supported by methods of verifying knowledge through “internal” and “external” experience. What remains is to what extent people in Thailand are developing following Buddhist ideals (with emphasis on praxis) or alternatives, and how this affects their health and well-being.

CHAPTER 3

DOES DEVELOPMENT, LIKE DESIRE, KNOW NO LIMITS?

3.1 INTRODUCTION

Development generally implies progression, evolution or transformation from lesser to greater states, whether nations' socio-economic development, employees' personal development, children's physical and mental development, or anyone's spiritual development. In the context of "development studies", as generally portrayed in literature and discourses, statistically-quantifiable measures of development are often included (e.g. increased earnings, improved health and nutritional status, or changes from relative "poverty" to relative "wealth"). The duality associated with such perspectives, for instance in economics (the most scientific social science) may appear harmless, yet invariably there are strong implicit messages that greater or more developed states are superior. Such teleological (linear) thinking with emphasis on worldly knowledge may stimulate change and material progress. However, it may distract from considering natural cycles inherent in life, and the nondual aim of diminishing the *attā* and helping others. Thus, according to Lao Tzu (TTC Chapter 48, cf. Ni 1989a:61):

"Learning builds daily accumulation,
but the practice of Tao builds daily simplification.
Simplify and simplify, until all contamination
from relative, contradictory thinking is eliminated.
Then one does nothing, yet nothing is left undone.
One who wins the world
does so by not meddling with it.
One who meddles with the world loses it."

Informed by such principles, how "over-involvement" in the world, by way of desire for development (the means), a "high" standard of living (the ideal) and sensory pleasure (the end), ultimately causes *dukkha* is considered. Furthermore, because of the "unsustainability" of life driven by *tanhā*, why development is still primarily driven by

tanhā, and what alternatives are available that might be more effective at bringing about *lokuttara-sukha* to as many people as possible, are examined.

It is true that “[s]ince ‘development’ is a value word, implying change that is desirable, there is no consensus as to its meaning” (Pearce et al. 1990:2). However, understanding *tanhā* and how to transcend it, gives rise to certain universal ethical values. The main argument proposed by main informants is that the only form of development able to transcend *tanhā*, be sustainable and provide equity is integral development. This considers integral health and is driven by unselfish understanding that all phenomena are interrelated, or form part of a unity beyond relative dualistic concepts. Here *lokuttara-sukha*, or spiritual joy, seeing no boundaries and taking the joy of others into account, exists. Contrastively, *lokiya-sukka* or “[j]oy that is confined solely to your own ego may be joy, but it is not spiritual joy... It is self-centered, self-absorbed, self-glorifying – and if that is your idea of Spirit, somebody is in deep trouble” (Wilber 1999:170). Below, why there is much “trouble” with the state of development in Thailand and beyond is considered.

3.2 THREE TYPES OF WORLDLY DESIRE

Tanhā (commonly translated as “desire”, but also implying “thirst”, “hunger” or “craving” driven by *avijjā* and selfishness, which keeps re-arising, or can never be fully or permanently satisfied) manifests in three major ways:

1. *kāma-tanhā*, desire for sense-pleasures, to “have”, for lust, or to enjoy things that are beautiful, delicious, etc.
2. *bhava-tanhā*, desire for existence and becoming, to be this or that or just not to die, which arises from belief in permanence.
3. *vibhava-tanhā*, desire for non-existence, to not be this or that, for death or (self-) annihilation, where one loses motivation for existence, thinking that all things are essentially nothing or non-existent³² (Buddhadasa, cf. Swearer 1989:94 and Rahula 1998:29).

Payutto (1995:492) states that these three forms of *tanhā* have similarities with the Freudian concepts: libido, life-instinct and death-instinct; though Freudians simplify existential matters by basing all human activity on sensual pleasure. Buddhadasa (cf.

³² Misinterpreted, *vibhava-tanhā* can produce incorrect, nihilistic understandings of non-self or emptiness.

Swearer 1989:95-96) criticises this view, saying "...there are motives of being-and-nonbeing which have nothing to do with sensuality and yet cause us to act." He (ibid:96) adds that a view like Freud's negates the efforts and attainment of Buddhists and other Eastern mystics who transcend "...the power of the senses, even the fear or hatred of sensuality" and discover higher mental states. Nevertheless, for "ordinary people", Buddhadasa (ibid:95) agrees that "...all human activity is based on sensual desire", including working for status or fame, and:

"Even religion, which we consider a solid fortress against materialism, is being undermined... All classes and movements have become slaves to materialism: capitalists, and workers, lay people and monks ...economic activity is driven by sense desire. People do not simply work for the 'necessities' of life but for 'luxuries'. Their sense of what is 'necessary' continually expands to the extent that toothpaste, cigarettes, cosmetics, refrigerators, radios and automobiles are necessary. And even those are not enough. Our desires never reach the limits of 'necessity'."

The seemingly gloomy picture of humanity painted by thinkers the world over critical of growing individualism, selfishness and consumerism, as anything else, should not be clung to as a permanent state³³. Buddhadasa, like Ajarn Chah, who also repeatedly discussed modern society's "decadence" and taught how *dukkha* can only be eliminated by developing *paññā* and transcending *tanhā*, in writings encourages people to see things mindfully and find health and more lasting happiness. Many informants use similar teaching techniques. Their messages have normative implications (e.g. following morality based on Dharma), which contrast critical analysis in much academic writing, where there are rarely allusions to benefits of living life beyond attainment of sensory pleasure and selflessly transcending *tanhā*. Such messages, whether explicit or even implicit, might be considered too subjective or "unscientific", and thus unscholarly. This is a major criticism of science and academia voiced by many informants who seek individual and community participation governed by ethical norms (cf. Payutto 1995a). Before looking at the selfless desire that helps develop *paññā*, *tanhā*, particularly *kāma-tanhā*, and how it motivates development is considered.

3.3 WORLDLY DESIRE PROPELS DEVELOPMENT?

In much development discourse, both qualitative and quantitative considerations emphasise material factors (e.g. possessions or agreeable living standards), often with

³³ E.g. pessimism caused by taking literal interpretations that ultimately negativity abounds in life, aside fleeting sensory pleasures and optimistic sentiments without lasting substance. Such nihilistic thinking remains on the relative conceptual level unable to see that transcending duality implies neither pessimism nor optimism, just "oneness", where things "are as they are".

little conscious perception of limit. Consequently, *kāma-tanhā* drives development, in terms of individuals' increased potential earnings (thus possibly greater consumption) and, collectively, nations' relative wellbeing (in global terms). Even with competition hypothetically excluded and high living standards for all considered the objective (ideals implicitly included in development discourses of many large international agencies), *kāma-tanhā* still influences development. In reality, there is a high degree of competition, both within and between countries, such that feelings of being threatened arise, especially when resources are considered limited and subject to shortage. Therefore, development, brought to the forefront of politics, becomes a matter of extreme importance, and links between the state and individuals provide rationales for economic growth, industrialisation, capital transformation and other "progressive" materialistic and self-centred forces.

In politics proposals that differing ideologies provide different development parameters seem to have lost potency, as recent changes show how market forces can transcend boundaries. Even before the last few decades of rapid change and increased consumerism, Marxist-communist and capitalist-liberal democratic ideologies, both lacking a basis in metaphysical reality, supported development that, according to Gandhi moved "...toward the deification of a material civilization" (cf. Sulak 1987:58). Sulak (1987) suggests the theories and practices of both Marxism and capitalism, emphasising production and lavish use of natural resources, contribute to the materialistic "Think-Big Strategy" of development. He also suggests that "[a]s long as there are no metaphysical principles by which ultimate or absolute goals can be defined and progress toward them measured, everything is reduced to relativism" (ibid:45). Ideas of progress and measurement indeed imply a continuum of relatives, yet greater recognition of nonduality implies less attachment to relatives.

Development generally implies not only something good for consumption patterns, but something that can protect or threaten the *attā*, depending on who is developing ("we" or "them"), and to what (relative) degree. Hirsch (1990:8-10) proposes that development, as an issue and a science, only really emerged in post World War II years, though the processes behind it have a long history. The Thai state's creation of an "ethos of development" is relatively recent, and development has become a "conscious national priority" in terms of "economic growth within the context of national security" only since the First National Development Plan was introduced in 1961 (ibid:10). This link between economic growth and national security is examined in Section 3.8.2. Here are addressed some of the mechanisms whereby *tanhā* disrupts the

health of individuals (and “society”) and some of the misconceptions resulting from accepting things at face value, without recognising different types of knowledge.

3.4 ACADEMIA’S ROLE IN CONFOUNDING DEVELOPMENT ISSUES

Writing about Buddhadasa on modernisation and development, Jackson (1988:233-263) comments on how world-involved and socially-relevant Buddhism can be put to practical usage. Sometimes, though, he discusses “contradictions”, “inconsistencies” or “unconvincing” arguments inherent in Buddhadasa’s statements on socio-economic development and politics. Furthermore, he concludes that the only way to academically evaluate Buddhadasa’s work is through “sympathetic engagement” of Buddhism. This “...implies neither agreement with its theoretical assumptions nor the development of an apologetic for Buddhist doctrines... [and as] an approach neither assumes that Buddhist doctrine is a perfectly consistent development of the religion’s principles, nor does it refrain from making internal inconsistencies apparent where they in fact exist” (ibid:20). Thus, “irreducible theoretical differences” and “tensions” between Buddhism and Western thought are acknowledged, while “sympathetic engagement” does not attempt “...the impossible task of resolving such tensions by appealing to some abstract or metaphysical unifying principle between cultures” (ibid:21). Nevertheless, universal mystical experience transcends cultures, as it transcends time and space, when using, not academic conceptual thinking, but the “eye of contemplation”, where conventional paradoxes are meaningless:

“...[T]his is not a mere theoretical *idea*; it is a direct and immediate *experience*, which has been reported the world over from time immemorial, and which is essentially identical wherever it appears” (Wilber 1991:18).

Conceptually contradictions might exist, or the average thinker/academic may find little practical use in apparently abstract, “other-worldly” concepts. Informants who criticise current education systems, in Thailand and elsewhere, generally feel that modern-day formal learning encourages finding “contradictions”, “tensions” and “gaps” in existing knowledge. This is especially so in higher education, particularly social science research, where discovery of “new” information is considered exemplary. In cognitive terms it may be valid and even healthy in sharpening critical awareness. However, without teachings of higher forms of knowledge/*paññā*, such as developing mindfulness and faith in “unchanging truths”, applying *vicāra* (discrimination using

Majjhimā-Patipadā) and learning to “harmonise opposites”³⁴, selfishness and the world’s troubles may increase.

Much academic work, though reporting “facts” in socio-cultural contexts, arguably reveals two major interrelated influences that subjectively differentiate between people and groups and distort matters, rather than see common root causes of *dukkha*.

1. Socio-centric biases, which, though transcending egocentrism and involving social sharing, consider “we”, determined by race, gender, nationality, creed etc., *vis-à-vis* “them”, the “collective other” (Wilber 1999:170). In academic writing this often occurs as cultural bias promoting ethnocentrism (especially “eurocentrism”), and is present, not only in economics and psychology, but in social anthropology, “...the West’s most sustained attempt to understand other societies and cultures” (Joseph et al. 1990:17). In Thailand this bias is common, particularly when looking beyond national boundaries for causes of Thai social problems.
2. Tendencies to highlight variations and differences (enhancing duality and potential disharmony). Possibly most harmful is emphasising differences, or the “extraordinary” (not “ordinary”), as seen in sensationalised media shock stories when violence is reported. This can happen in the form of war, confrontation, resistance, struggle, etc., though often aggressive energy that feeds violent action remains latent, and other (verbal or psychological) conflicts occur. Dichotomies from such thinking and reporting arise whenever social scientists stress issues, especially ones with political or legal connotations³⁵.

In the mainstream, where “[w]e all recognize that scientific materialism is the dominant worldview” (Wilber 1999:219), contradictions inherent in society are often dealt with using language that protects writers from criticism. For instance, in avoiding commitment to particular arguments and introducing flexibility by employing words such as “perhaps”, “may”, “commonly” or “invariably”. I too do this repeatedly,

³⁴ All arguably beyond standard academic inquiry.

³⁵ E.g. why particular people “...are hostile to orthodox medicine, and have an anti-bureaucratic and anti-professional stance” (Helman 1994:88); the politics of inequality, demands for reform and resorting malpractice suits to strengthen lay-people’s positions (Illich 1976:224-261), and technicalities and ideologies of “everyday forms of resistance” (Scott 1985).

knowing that academia is largely based on criticism, which incidentally is not harmful when used constructively and with *mettā-karunā*.

In economic development certain peculiarities exist. For example:

“Paradoxically, perhaps, the actual obstacles to solving the world’s most acute problems are less the cultural traditions of a large number of peoples than our own ingrained belief that the boundless progress which results from technology and the market can somehow liberate us from nature and society” (Berthoud 1992:74).

The “possible” paradox is no surprise, given how the thinking mind perceives real-life circumstances. However the TTC (Chapter 78, cf. Ni 1989a:94) notes:

“Nothing in the world is softer or more yielding
than water.

But, for wearing down the hard and strong,
there is nothing like it.

That yielding overcomes the strong
and softness overcomes the hard
is something that is known by all,
but practiced by few

...

‘He who can tend to calamities for the sake of all beings
is the right person to be the sovereign of the world.’
Indeed, truth seems paradoxical!”

This wisdom questions the merit of intellectual philosophising and suggests that comments like Foucault’s (1978:95-96) “where there is power, there is always resistance”, may reflect, existential or psychological struggles of dealing with power and resistance in a partial sense, not informed by non-violence (Chapter 7). Certain prevailing dominant discourses might interpret things similarly to what individual writers express, but this may not describe how things actually are, namely *paramattha-sacca* beyond the dualistic, thinking mind. In practical meditative terms, just “experiencing” or “being” count more than thinking. Likewise, the Chinese expression “a ton of theory count less than an ounce of practice” is arguably worth consideration.

Without understanding *tanhā*, how to transform it into *chanda* [*paññā*-based desire for well-being applicable to problem-solving (Payutto 1998:34-35)] and how to develop spiritually, any solutions proposed, even those championing “oppressed” people, will be partial. Often polarisation occurs; as with “latitudes of acceptance and rejection” conceptually constructed around attitude standards:

“Messages that fall within the latitude of acceptance [are favourably received and] tend to be seen as more consistent with one’s position than they actually are... Messages falling in the latitude of rejection [are not favourably received and] tend to be seen as even further from one’s position than they actually are...” (Solomon et al. 1999:131).

Differences are thus hard to reconcile, for instance conflicting ideas regarding desire for non-violence and self-preservation. Stubbornness accompanying attachment is known to advertising companies and exploited for their benefit. For example: “As a person becomes more involved with an attitude object, [their] ...latitude of acceptance shrinks...[or] the consumer accepts fewer ideas that are removed from [their] ...own position and tends to oppose even mildly divergent positions” (ibid:131). Strong brand loyalty may result, with little discernment of price and quality. This may please the *attā*, but might be impractical and lead to tensions, such as Thai university students, even from not-so-affluent backgrounds, feeling financial and psychological pressures of keeping up with latest fashions.

In (materialistic) development, collective attitudes of individuals determine desire for high living standards (following media-influenced consumerist “ideals”), and highlight differences between “rich” (good) and “poor” (bad). Scientific knowledge, by definition, cannot be “bad” when considered “objectively”, yet in the context of development “...such knowledge requires the homogenization and quantifiability of what is potentially qualitatively different” (Hobart 1993:6). Essentially, with empirical science currently at the foreground of knowledge³⁶, awareness of knowledge beyond *cogitatio* is generally not encouraged. *Cogitatio* implies simple empirical cognition, considering facts of the material world. The two other modes of acquiring knowledge are *meditatio*, seeking truths “within” the psyche, and *contemplatio*, knowledge whereby the psyche/soul is united with nonduality in transcendent insight. Similar ideas to the “three eyes” of humans, which in Christian terms imply the “eye of flesh” (*cogitatio*), the “eye of reason” (*meditatio*) and the “eye of contemplation” (*contemplatio*):

“...can be found in every major school of traditional psychology, philosophy and religion... [Moreover they] correspond... to the three major realms of being described by the perennial philosophy, which are the gross [flesh and material], the subtle [mental and animic], and the causal [transcendent and contemplative]” (Wilber 1996:3-4).

3.5 CRITICAL VIEWS OF HAPPINESS AND SELFISHNESS

Development discourses, relying mainly on *cogitatio*, may deal with material needs, and much healthcare may focus on the body, but informants favouring integral development note that *meditatio* and *contemplatio* are not adverse to these things.

³⁶ Knowledge here involves data accumulation, be it empiric, mental-rational or contemplative-spiritual knowledge.

Development (like healthy bodies and anything else) that alleviates *dukkha* is not shunned. However, if its attainment is based on selfishness, not *chanda*, it is of limited use and open to criticism. Differences between (traditional) “nondual Buddhist-influenced” attitudes to development and attitudes that currently propel or provide incentives for development, are determined by the level of *paññā* applied and the degree of selfishness inherent. Also relevant is how the binary opposites “happiness/well-being” and “suffering/hardship” are dealt with. Many informants contrast Western and Eastern attitudes, though sometimes adding comments like, “Japan is nowadays just like the West, and Thailand seems to be moving in that direction”. This attitude often surfaces in political debates, newspaper articles or general discourses explaining Thailand’s state of relative underdevelopment. Here it is summed up by a statement Dr Prawet* made during a keynote speech at the “First Conference on Research to Empower Communities” (Section 1.4): “*farang tong sāng suk, phut tong dap thuk*” [“Westerners need/seek to establish happiness, (Thai) Buddhists need/seek to extinguish *dukkha*”].

This freedom from *dukkha* implies *lokuttara-sukha* and contrasts with the happiness Dr. Prawet* talks about in relation to Western ideals, *lokiya-sukha*. Criticising the West as the instigator of pleasure-seeking and worldly attachment should not be taken at face value. The West, seen as a “trouble-maker”, is a frequent scapegoat, as many informants point out. Nevertheless, several voice concern over the aggressive nationalism, exploitation of the weak/poor and lack of cultural sensitivity still prevailing, despite increased globalisation.

Many university textbooks display nationalistic aggression, such as Luthans (1992), an *international* edition in a management series. Chapter 1 starts with: “A pressing question for the years ahead is whether America can effectively compete in the world marketplace”, then it states “...there is no reason to panic or surrender to the Japanese... Germans, or anyone else. America is still the [world’s] most productive nation...” next, in a changed tone, comes “[t]he global, one-world economy has arrived” but soon follows “...this [America] remains the most powerful [country] in the world” (ibid:3-9). The text also criticises certain American shortcomings; however, the underlying message of seeking dominance, profit maximisation and following self-interest brings into doubt how harmless values transmitted through the press and media are. Generally, seeking *lokiya-sukha* and being selfish is considered part of human nature, and in Buddhism it is *avijjā*. Some informants even suggest that Thais do this as well or better than others. Nevertheless, many feel that, with practices and attitudes

adopting knowledge transmitted in Buddhist texts and discourses, in Thailand ways exist to reduce *dukkha* and induce *lokuttara-sukha*.

3.6 TRANSFORMING DESIRE INTO WISDOM

Generally, extinguishing *dukkha* requires transcending *tanhā*, for this is “the most palpable and immediate cause” (Rahula 1998:29). Nevertheless, *tanhā* is not the first cause, since Buddhism considers everything relative and interdependent; thus no first cause exists. Looking for a first cause or pondering its existence, like the “chicken and egg” conundrum, is arguably futile and irrelevant to extinguishing *dukkha*. However, because people often have difficulty relating to such concepts, more practical ways of dealing with *tanhā* exist. Therefore people may use latent energy from controlling *tanhā* for more productive and “socially-aware” purposes. This involves redirecting energies of desire from *tanhā* to *chanda*.

In Buddhism’s Threefold Training (Section 2.4) *paññā*, concentration and morality combine to produce effective action. *Chanda*, not *tanhā*, drives this, and therefore problems are solved without projecting desired states governed principally by the senses (consequently, no karmic cycles are triggered by *cetanā* and nothing returns to disturb the mind). *Chanda*, though conceptually still a form of wanting, more subtly is selfless “duty” to humanity, and thus relates to nonduality. Moreover, not conditioned by selfishness, it functions in accordance with integral development. This implies escaping relative definitions of development with “winners” and “losers”.

Humanity’s collective *tanhā* has attached labels of “favourable” on “(more) developed”, states and “unfavourable” on “less developed/underdeveloped”, states. Consequently, in Thailand, aside limited though possibly growing numbers of people, such as Santi Asok followers³⁷ (who tend to reject materialism), *tanhā* stimulates action to attain favourable, developed states. Ardent proponents of materialistic development, far beyond “basic needs” (Section 3.8.2), may say that in itself materialism is not evil. Furthermore, “non-materialists” may say that because of *avijjā* nothing much can be done about it. However, *how* one defines development is relevant. Or alternatively, the dilemma, in the minds of politicians, financial advisors, economists, entrepreneurs or just average consumers, only arises when individual and collective *tanhā* formulates what *kind* of development to developed states, is favourable.

Buddhism’s essential critique that any development driven by *tanhā* will bring about *dukkha* is based on the pretext that *tanhā* cannot be satisfied. There always arises

further *tanhā*, since the conditions predisposing *tanhā* are continually changing. In addition *tanhā* "...itself changes and, hence can never be satisfied. This situation is eternal" (Buddhadasa 1999:96). Phra Pongthep* said that this "insatiable craving" is caused by individuals perceiving themselves as separate from larger segments of society (24 August 2000). The separateness, or feeling of independence, is fuelled by consumerist mentalities, with people not knowing how or when to stop consumption, despite many such people themselves complaining about consumerism and criticising others for actions stimulated by such forces.

Consumerist mentalities are concomitant with development without limits, and significantly contribute to environmental problems, particularly depletion of natural resources and pollution. These mentalities are themselves reinforced by modern education systems and diverse marketing and advertising strategies, which get increasingly cleverer at stimulating *tanhā*. Hierarchic value systems, and competition for jobs allowing people to increase consumption and do less "entropic"³⁸ work, exacerbate matters further (Capra 1982:245-246). Such work may nowadays be considered of lowest value, receiving minimum pay in the marketplace, but it helps one perceive natural cycles of birth and death and has traditionally been accorded high meditative/spiritual value in Thailand and numerous other societies. By shunning entropic work, the inherent impermanence of things is generally ignored and people seek lasting satisfaction from material goods and entertainment. Nevertheless, Buddhadasa (1999:96-97) argues that:

"...hunger [*tanhā*] never ends by our attempts to satisfy it.... the world today continues to develop in education and evolution that seeks merely to produce things which are more lovely and satisfying. Modern technology and science are slaves of hunger. Our world is falling into this deep hole of endlessly producing increasingly seductive things to try to satisfy hunger. But where are you going to find happiness in such a world?"

3.7 DEVELOPMENT: VARIOUS DIMENSIONS AND ELUSIVE SPIRITUALITY

People generally are very much in such a world, as perceived by their senses (particularly the mind), and thus development should fundamentally be considered in these terms, before looking closer at integral development. Apart from "ideal" states,

³⁷ E.g. see Heikkilä-Horn 1997.

³⁸ Work with a high degree of "entropy" (a measure of disorder) includes such activities as cleaning and cooking. Here work is done repeatedly and effort expended, but tangible results are most easily cancelled out.

whether everyone with material needs satisfied, or more subtle conditions of everyone happy (free of *dukkha*) and healthy, any change for the better (whatever criteria) appears only possible via gradual means. This does not imply negating the Buddhist “ideal” of universal freedom from *dukkha*, in light of it currently seeming impossible, it just means working to generate conditions more conducive to developing *paññā*. Rapid changes to less-egoistic, and “less-forceful” attitudes to development might not be able to proceed, given existing circumstances; however, through various socially-oriented didactic means, *paññā* may gradually grow (Chapter 6).

Perceptions of development should be changed among influential people in governments; also those in NGOs, especially as since the 1970s NGOs have become increasingly more active, and possibly more effective, in changing “public opinion” about development than governments. These “grassroots” initiatives in Thailand (as in other developing nations) sometimes are based on “spirituality”, for instance the Buddhism and Nature Protection in Thailand project, and the Association of Sarva Seva Farms in India, established by followers of Gandhi (Thomas 1992:118)³⁹. Yet, since policy-makers still generally deal with mainstream development discourse, both sides of the coin are worth consideration.

Looking at how development tends to be portrayed by policy-makers the world over, below certain points raised by Ajarn Sulak* in his book “Religion and Development” (1987) are considered. His main concern is that forces of consumerism and materialism are eroding traditional ideals of curbing *tanhā* and cultivating a sense of sufficiency. This goes hand-in-hand with development’s focus on “quantity” over “quality”, as indicated by GDP, number of hospital beds per 1,000 population, or manufacturing output. Ajarn Sulak* (ibid:4-5) cites Dr. Puey Ungphakorn (1917-2000), a former Bank of Thailand governor, Thammasat University rector and active supporter of NGO-inspired alternative models of development, who expounded the following “necessary” principles of national development planning:

1. The society must be efficient
2. There must be liberty for the people
3. Justice must prevail
4. The people must care for one another

He also said nations should have the following features in order to “develop rightly”:

³⁹ Furthermore, there is often emphasis on non-violence, empowerment and communal welfare in such movements.

1. Peace within and without, implying good administration
2. Worthy development goals
3. Well-planned developmental procedure
4. Power that is carefully used and properly checked (ibid:5)

Moreover, concerning “goals of development”, he suggested that the following be incorporated:

1. Increased income and improved health standards for the people, for the short and long range
2. Economic stability
3. Distribution of the fruits of production throughout the nation (ibid:5)

Despite what may appear lofty and difficult-to-define objectives, only one point (increased income), deals with basically quantitative measures.

The majority of literature dealing with development principles, policies, planning and practices reveals a different picture. My experiences from lecturing in economics in Thailand are that standard textbooks, mainly from the US (including those cited below), paint such a picture. There is dependence on numerical values, whether degree of urbanisation, or more “human” factors, like life expectancy and secondary school enrolment. Consequently, though such books mention that economic growth (“higher level of income”) does not necessarily bring about economic development (“benefit accruing to most... citizens”) and talk about “trickle down” effects versus “structural adjustment” (Case and Fair 1996:976-977), there is little mention of qualitative factors. Nor is there discussion beyond physical well-being. Mention tends to be made of things like population growth, food shortages, agricultural output and pricing policies, and Third World debt. Possibly matters should not be otherwise, given that these are “economics” books dealing with “the study of how people choose to allocate their scarce resources in order to produce, exchange, and consume goods and services in an attempt to satisfy unlimited wants” (McEachern 1994:3). However, if “an attempt to satisfy *unlimited wants*” is the best that can be done, comprehensive or lasting success is impossible with the unlimited nature of the wants (*tanhā*). The solution, according to Buddhism, is to control and ultimately transcend *tanhā*.

This observation is nothing new, yet the power of consumerism is strong, and few willingly stick their necks out and act to change circumstances for the better. Than Chan* suggested that Thais, particularly, dislike being criticised or judged; and, since they tend not to listen to advice to bring about collective benefits, the country cannot develop (8 September 2000). He added that Ajarn Sulak* is the only person in Thailand who dares stand up openly and unconditionally to criticise how Thailand is developing,

and more importantly to actively instigate change. Many main informants consider two aspects relevant to bringing about more-balanced development, *vis-à-vis* material and spiritual needs of “all” members of society. Firstly, individuals should become self-reliant by acquiring sufficient knowledge (for everyday physical needs) and *paññā* (for spiritual progress) to live in society. Secondly, they should do their own part, whether alone or in communities/groups, to help others. The two aspects are mutually reinforcing and should be undertaken simultaneously, since ultimately (given interdependence of all life) neither can exist alone.

Seeing phenomena’s interconnectedness may promote understanding of the shortcomings of development programmes which do not adequately consider development in sustainable and equitable terms, nor health in integral terms. At best they deal primarily with physical and social health and occasionally mental health. Nevertheless, spiritual health, concerning extinguishing *dukkha* and experiencing *lokuttara-sukha*, is virtually never discussed, aside occasional references in less-than-mainstream literature. Even when “spirituality” is discussed [e.g. the five references to “spirituality” in “The Development Dictionary” (Sachs 1992)] the level of theology (religion) and the soul is generally dealt with, or sometimes beyond that to the causal level of spirit associated with mysticism. Rarely is nonduality, the ground for all other levels (Section 2.15), discussed.

3.8 WHAT IS “IDEAL” DEVELOPMENT?

Considering “What do we mean by ‘development’?”, Todaro (1994:14) states that traditional approaches in economics look at the capacity of national economies to generate and sustain rising per annum GNP or GDP. He (ibid:14) additionally mentions that during the 1970s, following unsuccessful attempts to distribute wealth to the masses, economic development was redefined with the objectives of reducing or eliminating poverty, inequality and unemployment, though still within the context of economic growth. However, by the 1990s even the World Bank (1991) in the World Development Report was discussing how to improve the “quality of life”. Moreover, Todaro (1994:16) sums up the challenge of development as follows:

“Development... must represent the whole gamut of change by which an entire social system, tuned to the diverse basic needs and desires of individuals and social groups within that system, moves away from a condition of life widely perceived as unsatisfactory toward... [one] regarded as materially and spiritually ‘better’.”

This view of development is potentially much more benign than views dealing fundamentally with economic growth; however, there is still a strong normative message generated by implicitly labelling “undeveloped” as “unsatisfactory”. Furthermore, though the word “spiritually” is introduced, it is never expanded upon in the book’s following 700 pages, nor does it feature in the subject index. Thus, “explicitly” we are left with *tanhā* for material improvement. This is not the whole story, since Todaro (ibid:17) goes on to herald the “three basic components or core values” of Goulet (1971) and others, that “represent common goals sought by all individuals and societies”:

1. Sustenance or the ability to meet basic needs (including “food, shelter, health, and protection”)
2. Self-esteem or a sense of worth and self-respect
3. Freedom from servitude or the ability to make choices

These ideals are again commendable from a humanitarian perspective, but in the rest of the book the means to achieve the ends of sustenance, self-esteem and freedom are still debated and described within a materialistic paradigm, governed by fundamentally-quantitative parameters. As mentioned previously, this cannot end *dukkha* because it lacks a metaphysical base. Such criticism, as social-activist informants suggest, should not be specifically levelled at individuals. It is society’s value systems which bring about existing conditions⁴⁰ and make it hard for individuals (say academic writers) to go against the grain and raise issues that are inherently and explicitly ethical. Ideals, when grounded in faith that *dukkha* can be extinguished by applying *chanda* and transcending *tanhā*, are favoured by main informants. However, they often mention that the rise of modern science has made many people diffident of religion (both popular and mystical). Loy (1999) argues that, while Buddhism is criticised for idealism in encouraging non-materialistic lifestyles and countering desires and motivation:

“...to reduce poverty, we are referred instead to the science of economics, which has discovered the laws of economic growth that promote worldly well-being, and to international development agencies, which apply those principles to improve the lot of ‘undeveloped’ societies... [Arguably, though] contemporary economics is much more ‘idealistic’ in... that it offers an unrealistic image of human nature based upon... utilitarianism, not derived from empirical observation but conceived in a philosopher’s

⁴⁰ Including general human tendencies to conform with group/society norms, as psychology studies show (Gross 1996:476-488).

study. As a result, economists today tend to live in an idealized, one-dimensional world of statistics and equations which do not accurately reflect human values and goals in the world we actually live in" (Loy 1999).

These human values and goals form part of traditional societies' folklore, and nowadays in developing nations much talk of indigenous knowledge's value in problem-solving exists. This issue was at the forefront of the April 2000 Philippines conference I participated in (Section 1.4), where indigenous knowledge and practices were continually discussed in light of "Westernisation" and the power of modern scientific thought. The implicit, and often emotionally and literally explicit, message was that without understanding and respecting indigenous "beliefs" and "knowledge" (in contexts of *meditatio* and *contemplatio*) development may bring material benefit, but cannot meet people's existential needs.

In anthropology critical analysis has surfaced with concerns that Western scientific knowledge, or "systematic knowledge", has led to the growth of ignorance in developing nations. Ignorance in this context "...is not a simple antithesis of knowledge. It is a state which people attribute to others and is laden with moral judgement. So being underdeveloped often implies, if not actual iniquity, at least stupidity, failure and sloth" (Hobart 1993:1). In Buddhism *avijjā* has a broader meaning, it implies any state of "delusion", or knowing things that one does not need to know, or should in fact not know, since they distract one from developing wise thoughts, speech and actions. Indigenous knowledge, though often better-suited to specific cultures and environments than rigid, Western scientific knowledge, might not guarantee equity and sustainability nor encourage applying *meditatio* or *contemplatio* to problem-solving. Thus, whatever the "system", *vicāra* may be applied with critical awareness using the Threefold Training (Section 2.4). For:

"...a good life cannot be achieved only through the control and mastery over external factors alone, be they natural or social environments. The external control must be combined with the internal control of man's own inner nature... [following the] systematic ...Threefold Training of morality, [meditation and *paññā*]" (Payutto 1984:7).

Many informants emphasise the significance of *paññā*, especially in the modern era of knowledge being valued. This accords to what Skorupski (1999:143) suggests, in saying that *paññā* is "...the dominant factor in the process of reaching the apex of the [Eightfold Noble] [P]ath." All three factors are "integral and essential to the Buddhist praxis" (ibid:143), but *paññā* in everyday life, developed with morality and meditation, is fundamental to guiding one in decisions. Regarding economic activity, it allows one to:

“...witness the stream of causes and conditions that begin as mental conditions and lead to economic activity... Thus, when... making economic decisions... about our livelihood and consumption, we can better resist compulsions driven by fear, craving, and pride and choose instead a moral course that aims at true well-being... [We] realize that the development of this kind of mental discernment leads... to true economic and human development. Perhaps more importantly, through meditation training it is possible to realize a higher [independent] kind of happiness – inner peace... When we have the ability to find peace within ourselves we can use wealth, which is no longer necessary for our own happiness, freely for the social good” (Payutto 1994a:82-83).

With this in mind, discussion turns to four points central to development: growth, needs, equity and sustainability, moving from more quantitative to more qualitative considerations, given the format of integral health and development, and the parameters of *cogitatio*, *meditatio* and *contemplatio*.

3.8.1 GROWTH

The concept of economic growth is central to all theories of development and “[e]conomists and politicians alike, from all nations, rich and poor, capitalist, socialist and mixed, have worshipped at the shrine of economic growth” (Todaro 1992:108). For instance, output growth is fundamental to the Harrod-Domar Growth Equation, and the Lewis model, where capitalist/subsistence, modern/traditional, urban/rural, wealthy/poor and educated/illiterate, dualisms are highlighted. It is also principal to Rostow’s theory of “stages of economic growth”, with five stages transforming societies from “traditional” to “modern”. The key is establishing conditions for “take-off” and self-sustained growth, such that ultimately mass consumption can be achieved. Rostow (1960:1) proposes the five stages “...constitute, in the end, both a theory about economic growth and a more general, if still highly partial, theory about modern history as a whole.” Rostow’s work, though well-received by lay readers and popular among policy-makers, when first published was criticised by specialists (Preston 1996:177).

However, quantifiable growth (whether through balanced or unbalanced growth) and modernity are still encouraged by policy-makers in Thailand, like elsewhere. This does not imply that stimulating growth, as in China, is the sole objective of policy-makers, since social goals, including following principles “...of co-operation, social equity, full employment and economic security” are often considered equally important (White 1992:250). Nevertheless, the power of “statistics” (especially concerning income levels) and their arguably-increased significance in relative dualistic thinking, has made economic growth “...a way of life [such that] ...[g]overnments can rise or fall if their

economic growth performance ranks high or low on... [the GNP] global score card" (Todaro 1992:108).

Social goals, though rhetorically considered equally important, in effect suffer at the hands of economic growth. This teleological thinking, where growth is desired and expected to continue indefinitely, is criticised by informants who warn that decay must follow growth, given conditioned phenomena's cyclical nature. Phra-ajarn Rat*, stressed this point, saying that if materialistic development proceeds as it has, it will end up destroying itself (6 September 2000). He added that, as declining mental health shows (Section 4.3 and 5.8), people's minds are already being harmed by excessive attachment to possessions and over-involvement with things like computers and video games. History shows that civilisations come and go, and in the current age of technology and globalisation, like "doomsday" predictions of religions and cult movements alike, many feel that the world is in or approaching a Kali Yuga (era of darkness and upheaval, Chapter 7). Employed as world-wide evidence to support this is "[t]he deterioration of the natural environment [which] has been accompanied by a corresponding increase in health problems of individuals" (Capra 1983:4).

Capra, like others attempting to stimulate action to reduce apparent negativity spreading globally, highlights various ways in which the modern world has reached a state of "multi-dimensional crisis" where only major changes can help. There are contrasts between rich and poor nations, but concomitant with development in the name of "progress", health problems have arisen everywhere. For instance:

"Whereas nutritional and infectious diseases are the greatest killers in the Third World, the industrialized countries are plagued by the chronic and degenerative diseases appropriately called 'diseases of civilization,' the principal killers being heart disease, cancer, and strokes. On the psychological side, severe depression, schizophrenia, and other psychiatric disorders appear to spring from a parallel deterioration of our social environment" (ibid:4).

Apparent negativity continues, with talk of violent crime, motor accidents, suicide, alcoholism, drug abuse, children with behavioural disorders, inflation, unemployment, income inequality, energy depletion, pollution, etc. The arguments are the same in Thailand, where main informants are not surprised by disturbing phenomena currently arising globally, often quoting sayings like the Buddha's final words: "...decay is inherent in all compound things. Work out your salvation with diligence" (cf. Kornfield 1993:313). Many mention that to improve matters, generate sustainable growth and avoid exacerbating decay, an integral approach based on spiritual development and self-reliance is required, instead of trying to promote

economic growth and material development at all costs. Similar “eternal” wisdom comes from Chapter 55 of the TTC (cf. Ni 1989a:69):

“To overprotect one’s life is to invite danger.
To follow fantasy of the mind
is to drain away one’s life energy.
To hasten growth is to hasten decay.
All of this is against the Way of integral virtue.
Whatever is against the Integral Way of life
soon ceases to be.”

Economic growth often centres around increasing value-added, implying desire to ascend the value-added scale from agricultural and other primary activities, to industrial production of manufactured goods, through capital formation and rising productivity, to various forms of high technology services. Such progression, as experiences of developed nations attest, generally involves rising urbanisation and GNP. Concerning health though, city growth (e.g. Bangkok in Thailand) is blamed for many ills, including family breakdown, increased selfishness, pollution and detachment from living in harmony with the natural environment.

Like others, many biomedical doctors are concerned about both the physiological and mental health of urban dwellers. One specialist, interested in alternative healing and meditation, (whom I have known for several years) was concerned about circumstances, to the point that when I left Thailand he was moving to the NITTM to work more with preventive measures. He had spent six years in the main government hospital of Samut Prakan province (coterminous with Bangkok, having Thailand’s highest concentration of heavy industry and water and air pollution). From his experiences, he realised that dependence on curative medicine was not helping to increase *paññā*. He mentioned that nearly all hospital patients are migrants from other provinces who come seeking work. Moreover, a combination of the unfavourable physical environment (a scarcity of trees, especially around the hospital, and pollution), materialism and lacking family cohesion cause much discontent. In his ward, where patients were all bed-ridden and mostly suffering from strokes, he told me he estimated that only two of the thirty patients were “consciously aware of their present situation”. This, to him, questions the point in even keeping them alive, obviously an ethical issue, and consequently he feels he can help society more by teaching about integral health, with its emphasis on prevention.

Local and global “glorification” of wealth may mean that teaching about controlling *tanhā* and not falling prey to consumerism seems like an uphill battle. In Thailand consumerism and concern with economic growth are arguably so powerful

that several newspaper articles shortly before the mid-1997 economic/financial crisis proposed that within fifty years Thailand would overtake certain European countries, including France, in GNP per capita. Informants said it appears that few lessons have been learnt, and people are resuming old consumption patterns, or trying to do so, forgetting that such conditions contributed to the crisis. Buddhadasa (1999:22) argues that how people view religion reflects what happens when there is relative prosperity and infatuation with materialism: "If there are pagodas and temples all over the place, people say, 'Ah the religion is thriving!'... [but] [t]o say that religion is thriving does not by any means imply progress in terms of yellow [monks'] robes." What it means "spiritually", which has little to do with material progress or performing rituals, is that understanding and practice of how "...to put an end to *dukkha* is spreading and expanding among the people" (ibid:22).

Over the last decade there have been trends to judge development less by growth in consumption and GNP and more concerning health and education. For instance, The Human Development Index, an aggregate measure of living standards published annually in UNDP Human Development Reports since 1990, which basically considers life expectancy at birth, adult literacy and adjusted real per capita income. However, though more "human" than past indicators, they are still quantitative rather than qualitative measures, highlighting relative differences between countries. Furthermore it reflects fixation "...to sensory or bodily modes... called bodyism... a hallmark of the modern and postmodern world. Bodyism is just another term for flatland, for the belief that only gross, sensory, empirical realities are real" (Wilber 1999:219). This reductionism is now considered in the context of what constitute needs and how it contributes to *dukkha*.

3.8.2 NEEDS

Issues of needs (and poverty) are contentious, especially because subjectivity and *tanhā* determine the distinction between "needs" and "wants", or "necessities" and "luxuries". The main criticism though, is that "poverty lines", whether World Bank-determined or otherwise, are generally consumption-based and thus principally directed to physical measures of relative well-being. Bernstein (1992:16-18) notes that what constitutes a minimal living standard is socially and culturally constructed and subject to variation. Furthermore, "[f]or poor people achieving security and recognition of their dignity as human beings may be just as important as, or inseparable from improving their incomes and standards of consumption" (ibid:18). Nevertheless, here resurface the

grey and frequently unexplained areas of what security and, particularly, dignity are. Maslow's (1946) "Hierarchy of Needs", explaining motivation as dependent on specific needs people try to satisfy before turning to higher needs, shows depth in seeing physiological needs as at the bottom of the hierarchy that leads, through safety, love/belongingness and esteem needs to "self-actualization". Yet, despite the fact that without seeing things holarchically transcendence cannot occur, textbooks nowadays generally consider the hierarchy by focusing on individuals and sensory gratification. Such criticism could come from seeing the hierarchy as culture-bound, and thus:

"...restricted to a highly rational, materialistic and individualistic Western culture... [contrasting] many Asian cultures [which] operate on the premise that the welfare of the group (belongingness needs) are more highly valued than needs of the individual (esteem needs)" (Solomon et. al. 1999:99).

Although needs tend to be dealt with considering individuals, safety needs, or security motives, can encompass collective needs of groups, as with national security. This animal survival/self-preservation instinct, though natural, is a major obstacle to spiritual progress. Thus, even if *kāma-tanhā* is surpassed, there may still be *bhava-tanhā*, where attachment to an *attā* prevents realising nonduality. Dr. Art-ong*, who in September 2000 was establishing a new political party, based on non-violence and other Elementary Human Values (Section 6.4), criticised the general Thai perceived "need" for a strong army (9 September 2000). He suggested promoting policies to end the two years military service currently required of many males, and replace it with two years of social action and community participation. He also proposed military cutbacks and more co-operation with Thailand's neighbours, who pose almost no military threat, but are often exploited in economic and environmental terms to satisfy the "needs" of Thai consumers.

The more general criticism informants voice is that, as Thailand develops, consumerist mentalities continually increase the quantity and quality of what are considered needs. The results, regarding individual or group/community health, are varied, with both positive sides (e.g. fewer infectious diseases and longer life expectancy) and negative sides (e.g. deteriorating mental health). Materially/physically-speaking, basic needs are still lacking among the "poor" in Thailand, though to establish adequate measures of "basic needs" is difficult given varying opinions. Therefore, a closer look at what constitute needs is warranted.



Figure 8. Sai Baba's ashram, Prashanthi Nilayam, Andra Pradesh, India. "The Sri Sathya Sai Second World Youth Conference" in November 1999 (Introduction) where several informants participated.



Figure 9. Dr. Teerakiet* (top row second from right), Dr. Art-ong* (top row third from right) and Loraine Burrows (top row fifth from right) (Section 5.4-5.5), with ISSE students in Bangkok.

The traditional Thai monastic definition of needs or “bare necessities” covers four factors/requisites. Namely, sufficient food to appease hunger and maintain health, clothing to protect the body and maintain decency, shelter for protection and ability to practice meditation, and healthcare (medicines) to prevent and cure disease (Loy 1999). Though these needs should prevent human destitution, average laity also require education (especially literacy and study skills for basic learning) and livelihood (to ensure production).

Regarding consumption, traditional distinctions between monks and laity in Thailand have become blurred. Monks and laity often have similar basic consumption patterns⁴¹. Indeed monks, who rely on offerings for material needs, often eat more-“luxurious” food than laity, while they frequently are given higher quality products for consumption. This is due to beliefs that giving monks “better” things means more merit is received. Some monks, though technically not owners of these products, have mobile phones, televisions and personal modes of transport. Many monks, arguably join the Sangha to get a good education before disrobing and being more “marketable” in employment terms. For performing rituals, monks frequently receive envelopes containing cash and many have substantial bank accounts. One informant even said that by becoming a monk I would be a guaranteed millionaire in Thai Baht (฿1,000,000 = c.£15,000) within five years (4 January 2000).

Consumerism to satisfy “basic needs” within the Sangha has disillusioned many, especially given monks are forbidden from involvement in any form of employment (thus production) and are consequently often seen as “taking the easy way out”. This essentially renders “spirituality” into a commodity, even a means to acquire wealth and enjoy sensory pleasure, while it does not limit *tanhā* beyond basic needs. Monks smoke more than any other “occupational group”, except working-age hill tribe males (HSRI Bulletin, August 2000a), and even in rural areas they are offered mass-produced sweets and cakes, since, costing more than traditional sweets, they are considered superior offerings. One informant considered her act of buying enough KFC chicken to feed over 100 monks in a temple three hours from Bangkok a great source of merit (6 June 2000).

The “fast-food phenomenon”, though most pronounced in Bangkok, exists in towns across Thailand, with convenience stores selling things like hot dogs and chocolate bars for more than the price of a meal in an basic restaurant. In remote areas I visited, all categories of people, but particularly young schoolchildren, were eating

⁴¹ Especially village/town monks; generally living less austere, and more-publicly visible than forest monks.

processed/package food, especially snacks, costing above anything in standard “home-made” diets. Many healthcare officials are concerned not only about expenditures on such commodities, that drain money from rural areas, they feel that excess consumption of refined sugars and starches and denatured foods considerably damages health. Limited sensitivity to local environments was highlighted by Manatchaya Makaanachote, a Chiang Rai MoPH official, who said that vegetable gardens containing dozens of herbs with preventive and curative properties, traditionally found around nearly all rural homes, have virtually disappeared (20 May 2000). The same applies to many traditional species of vegetables, as cultivation of cash crops dominates much farmland.

In medical terms, possibly the most worrying aspect of consumerism is reduced immunity. Modern medicines (e.g. pills, capsules and creams) tend to be consumed without discretion, nor regard for the body’s natural resistance to sickness. Nearly all the traditional healers studied criticise over-use of antibiotics, steroids and other “chemical” medications, and the fact that new generations are unaware of herbal medicines growing abundantly around particularly rural homes. With the spread of private hospitals and clinics, medical costs have risen considerably, affecting especially the poor. For instance, construction workers are susceptible to risks and often suffer accidents and chronic aches. They frequently fall into debt, having to cover medical costs, and, like truck drivers, consume copious amounts of amphetamines. Consequently, their anxiety and stress invariably drives them to seeking release at entertainment establishments, particularly with alcohol and prostitution.

The question to what extent entertainment is a “need”, given tensions of modern life, is polemical, especially considering that precepts three and five of Buddhism’s basic five precepts for laity discourage sexual promiscuity and intoxicant consumption. Many people link HIV/AIDS’s spread to drunken men having unprotected sex with commercial sex workers and later transmitting the virus to their wives, and often to future offspring. Regarding an almost ubiquitous form of entertainment, the television, “Thais are already glued to their television screens. Nearly all of the country’s 15m households have a television set, and the average household watches five hours of television a day, more than anywhere else in Asia” (Financial Times, 5 October 2000).

Dr. Teerakiet*, points out that numerous studies show connections between excessive television viewing and poor mental health (Section 6.5). Particularly tendencies to violence, depression and low self-esteem exist, given the virtually unattainable, luxurious lifestyles and consumption patterns glorified in advertisements and soap operas. Dr. Teerakiet* feels that children get conflicting messages, by seeing

countless murders on television and video games, often involving a character who in later programmes (e.g. famous actors) or other games is back again alive, with the subconscious effect that life has limited value. This and other factors, for instance pressure at school/work, can lead to various forms of violence, including murder and suicide in extreme cases. Increased pressures of life since the mid-1997 crisis have contributed to rises in suicide, seen by the national figures of 4,218 (6.98 per 100,000) in 1997 to 5,096 (8.3 per 100,000) in 1998 (HSRI Bulletin, May 2000).

Illich (1992:90), critic of materialist development, comments thus about needs:

“The development decades can be understood as the epoch during which, at immense cost, a worldwide ceremony has been celebrated to ritualize the end of necessity. Schools, Hospitals, Airports, Correctional and Mental Institutions, and the Media can be understood as networks of temples built to hallow the deconstruction of necessities and the reconstruction of desires into needs.”

The situation appears hopeless and helpless, but attachment to such emotions brings not only *dukkha*, it fails to recognise that through *paññā*-based action things *can* change for the better. Perhaps the area most relevant in bringing about such changes is education, nowadays considered an essential need. The current state of education in Thailand is subject to much criticism, yet here changes in perception of what necessities are and how development can become sustainable and equitable might have the greatest effect (Chapter 6).

3.8.3 SUSTAINABILITY

Sustainability in development is a subject of much attention, especially in light of depleting natural resources, and reduced community self-sufficiency with changes from subsistence farming to specialisation. Because of time-scale⁴², sustainability cannot be easily defined (Pearce et al. 1990:3). Additionally, many ecological processes are so interconnected that “[s]ometimes the damage to nature’s intrinsic regenerative capacity is impaired not by over-exploitation of a particular resource but, indirectly, by damage caused to other related natural resources” (Shiva 1992:212). Nevertheless, issues of sustainability, whatever criteria, evolve around nature’s capacity to support life. For this to happen, like in everything conditioned by dynamism and cycles of life and death (from humans to forests and even fossil fuels), “[s]ustainability in nature implies maintaining the integrity of nature’s processes, cycles and rhythms” (ibid:217).

⁴² E.g. “discounting” future costs and benefits to compare projected values of future economic resources and services with present values.

In Thailand population growth is arguably no longer a major development problem, following “successful” programmes since the 1970s to reduce fertility to not much higher than replacement. Furthermore, Thailand has relatively abundant natural resources, and, at least for food supply, needs not depend on outside sources. Nevertheless, the percentage of land covered by forests has decreased over the last 50 years from approximately 80% to just over 20% (Chatsumarn 1999:17), while pollution levels have increased and climatic patterns have become less regular. Despite this, the alarmism seen everyday is, like other emotions, just another element of *tanhā*.

Francis Bacon (1561-1626) is frequently considered the scientist who triggered beliefs that science’s purpose is to control and dominate nature. Undoubtedly, since Bacon’s time scientific knowledge has been frequently used “anti-ecologically”. Yet several informants with awareness of nature’s cycles feel that the Earth is less fragile than people often think, and has ways of coping with what humans do. To appreciate this attitude, the Earth should be considered as a dynamic entity, rather than an almost passive victim of human excesses.

The Earth, like other organisms, follows cyclical activities and depends on a subtle “life-force” interconnecting all phenomena. However, as Buddhadasa (1993) discusses, *sīladhamma* (morality of the natural order supporting the good of the whole) underlies this holistic existence and governs Nature’s *cetanā*. In Nature nothing exists independently, and the characteristics and direction of Nature’s *cetanā* are inherently (Dharmically) “socialistic”. This implies that “(t)he principle of the good of the whole pervades all aspects of life. The body, for instance becomes unhealthy if its various parts are not working for the good of the whole” (ibid:34). Biologically, molecules combine to form tissue, that combines to form flesh, etc., thus all is interdependent and balanced, according to principles of Nature’s pure socialism. This implies a “normal” state of health. Problems arise only when harmonious equilibrium is disturbed.

“In the bodily sphere if one abandons the morality of nature one becomes sick or physically dies; in the mental sphere one dies mentally, that is goes insane, or has nothing left of value. An individual or a society becomes worthless when the morality of nature is not followed” (Buddhadasa 1993:128).

Similarly, Chatsumarn (1999:21) states:

“For Buddhism, all animals are within the field of human perception, with an opportunity someday to gain enlightenment. Higher beings, though humans may be, Buddhism teaches that man is part of entire nature, disregarding or abusing natural laws or trying to conquer nature at his own peril.”

The underlying belief or knowledge governing this reasoning can be applied to individuals, families, communities, nations, or how people interact with nature. Essentially, like all other concepts arising in the mind, any form of attachment causes *dukkha*, even desire to “save the world” through natural and environmental means. It does not imply that people should not participate in protecting the environment, or more relevantly not damaging it; yet it cautions against projecting *tanhā* outward to the “external” world (the natural environment) without first looking “within”. The *paññā* generated by introspection produces appropriate attitudes for dealing with the “outside” world, for instance conserving or sustaining a healthy natural environment. Payutto (1995a:92) describes it as follows:

“A love of nature will arise with difficulty if people are not happy living with nature. Our minds must be at ease living with nature, and we must love nature before we can develop a desire to conserve nature, which is a necessary prerequisite for the actual work of conservation.”

“A love of nature” and “living with nature” could be interpreted as how individuals view the natural environment. Nevertheless, holistically it implies understanding principles of nature and accepting them in one’s life, both considering personal behaviour with regard to oneself and all forms of “others”, whether people, animals, trees or rocks. Essential factors bringing about harmony are *mettā-karunā*, tolerance and respect for all entities sharing life on Earth, and understanding that harming others ultimately harms oneself (Section 5.1).

Realising interdependence reveals that environmental health is simply a reflection of the collective health (physical, mental and spiritual) of individuals, and the current state is largely caused by their actions. Thus, trying to attain sustainable development, whether through environmental awareness or other means, cannot succeed unless individuals work on their own development and stop following *tanhā*. Arguably, most people cannot understand the implications inherent in this reasoning, therefore the need to project outwards to tangible entities and actively teach about conservation or contemplate it in meditation. Only as mindfulness grows can people learn how to desire and consume less, and can sustainability be a reality.

Ajarn Pinkaew* feels attitudes to the environment reflect current states of individual and societal health in Thailand. During lengthy discussions, using Buddhist-inspired awareness of how health and nature are related, he explained that illnesses/diseases are natural occurrences, dependent on past actions, if one considers that karma drives the world and explains all human happenings.



Figure 10. Ajarn Pinkaew* in his front room (approx. 2.5 x 2.5 metres). Here he does chanting/prayer and meditation, and also receives “patients” and guests.



Figure 11. Traditional healers “comparing notes” on herbs. During a break from discussions at a conference on TTM in Northern Thailand at the RDTM. Ajarn Chan* is fourth from the left, looking up.

Ajarn Pinkaew* considers TTM a “doctor of nature”, based on keeping the mind-body balanced and in accordance to the seasons and other “external” influences. He lives in a small wooden house where he treats, especially using *thamma-ōsot* and herbs. He is also developing a herbal medicine “factory” (Section 5.3) wishing to see large-scale production of herbal remedies rather than modern pharmaceuticals, which he feels are less balanced and sustainable from an integral perspective, and less conducive to integral health. Many traditional healers have similar views and feel that sustainability is fundamental to having abundant herbs in the environment. Those living in rural areas studied were generally more aware of sustainability in rural contexts, but proposed that in any context sustainability following *sīladhamma* accords with holistic health.

Regarding individual health, sustainability comes from self-reliance and sensitivity to *Dhammaniyāma*. Regarding communities, nations, or the whole planet, the same applies, thus the significance attributed to community self-reliance, with the world made up of numerous communities (however classified). Dr Carl Taylor, Professor Emeritus at John Hopkins University and a former WHO official who formulated the 1978 Alma Ata declaration on Primary Health Care, closely linked issues of development with those of healthcare (11 April 2000). Essentially, he said that past experiences in development and the spread of healthcare show that no universal solutions exist (each situation is influenced by local culture, climate and numerous other factors), yet there are universal processes leading to local solutions. In Thailand a local solution to promote sustainable development and “good health” is the King’s “New Theory” that encourages self-sufficiency via crop diversity, “appropriate technology”, self-reliance and Right Understanding (from *Majjhimā-Patipadā*). Issues such as decentralisation, land reform and organic farming methods are all important, but the key involves reviving traditional local knowledge that transcends conventional thinking; this can only come about by “radical education reform” (Post, 8 November 1999).

In agricultural production, as in cultivation of herbs for healthcare, the concept of sustainability appears relatively easy to grasp. However, when heavy industry and pollution enter the picture people may fear that no sustainable solutions exist, especially given depletion of so-called “non-renewable” resources and seemingly endless *tanhā* for consumer goods and services. Without detracting from finding sustainable economic solutions and increasing awareness of natural rhythms, two factors may be considered regarding such fears. First, sustainability is a mental construct, and until the world is completely destroyed, it will sustain itself. Concerning *tanhā* for high consumption

patterns *and* possibilities of seeing and spending time in vast areas of natural beauty, this should be addressed through unselfish contemplation in each individual's mind. Whatever situation, any attachment, including fear of the world ending, induces *dukkha*. Secondly, through innovations and adjustments, and the gradual evolution of consciousness that may be occurring (Chapter 7) ways might emerge to maintain sustainability and find resources to keep people well within the dictates of basic needs. The main issue, however, concerns the extent to which certain people monopolise those resources.

3.8.4 EQUITY

Appreciating the concept of equity from a Dharmic perspective requires consideration of karma and *Patticasamuppāda*. Nevertheless, supposedly only a Buddha (self-enlightened one) can grasp their complex and profound workings, which transcend conceptual reasoning. Yet the Buddha refused to answer questions dealing with metaphysical perplexities such as, why are we born? What will happen in the future? Is the world finite or infinite? Simply because these questions are:

“...based on wrong assumptions, such as the concept of self... the truths these questions seeks to answer are not accessible to the logical mind and cannot be answered in words... being inaccessible to rational thinking, debating these questions would yield no practical results” (Payutto 1994b:121).

Main informants feel that all diseases/illnesses and misfortunes, like health and good fortune, depend on accumulated past karma, though none admitted understanding the full workings of this process. Thus, lacking complete knowledge, faith is often a key factor; though many mentioned noticing what they considered causal connections between past actions and later occurrences, which was enough validation that *Patticasamuppāda* is real.

As discussed in Chapter 2, issues of free will and predestination can be transcended by freedom from conditionality. However, through *cetanā* people are responsible for their deeds, following the saying: “*khon nai tham, khon nan rap*” [“whoever does/makes (an act/karma), that person receives (the consequences)”]. Venerable Panyananda Bhikkhu, one of Thailand's most-respected and senior monks, confirmed this, though he mentioned that, since everything is interconnected, karma also applies collectively (28 August 2000). Concerning equity, whether comparing individuals or groups, people's current circumstances are considered dependent on past karma. Hence people may appear to “deserve” to be poorer (or be responsible for being

poorer) than others if their past karma caused their poverty. However, such reasoning, like standard views of development, is arguably influenced by materialist reductionism. Considering this, notions of equity, following liberal-democratic ideals that all people should be allowed the same possessions and sensory benefits, seems doomed to failure.

Equity, like much else, is generally measured quantitatively/numerically, or when judged qualitatively it still looks at materialistic and sensory attributes. Health, and particularly happiness, two of the most valuable existing “commodities”, are ultimately independent of sensuality, given *lokuttara-sukha* is the only lasting and worthwhile form of happiness. Even considering *lokiya-sukka*, effectively when people dwell in the present moment, not following projected *tanhā* for future consumption of material goods, their happiness depends on more than physical surroundings and possessions. Here sensory pleasure beyond that derived from consuming products becomes a major issue, as does just *feeling* healthy (not unwell). The point is that poor people in good health and not slave to *tanhā* may be happier than wealthy ones suffering from “diseases of civilisation”. Just because modern culture glorifies wealth and materialism, it does not mean that everyone would be better off consuming more, with equal access to more than they need to survive and lead a healthy existence. This matter is returned to later, but first equity, *vis-à-vis* present and future time, is considered.

Equity, regarding access to resources, can be viewed with two concepts of time (Pearce et al. 1990:11-15). First, dealing with the present moment, or more generally a fixed moment in time, and looking at “intragenerational equity”, or “justice to the socially disadvantaged both within any one country and between countries” (ibid:11). Second, and directly related to sustainable development, dealing with comparisons over time and looking at “intergenerational equity”, for instance comparing present access to resources to future access, or rather trying to make them equal. Issues of intergenerational equity, though significant, are not discussed, because Buddhism’s aim of being mindful is a “present-moment” phenomenon. This does not mean the future is unimportant, it just implies that working on the present and making one’s life so things are balanced, done in moderation, and without (excessive) *tanhā* or selfishness, takes care of future concerns automatically. Thus, equity in access to wealth has strong moral implications, such that Payutto (1994a:77-78) argues:

“People who get richer and richer while society degenerates and poverty spreads are using their wealth wrongly... It is only a matter of time before something breaks down – either the rich, or the society, or both, must go. The community may strip the wealthy of their privileges and redistribute the wealth in the hands of new ‘stewards,’ for

better or for worse. If people use wealth wrongly, it ceases to be a benefit and becomes a bane, destroying human dignity, individual welfare and the community... Wealth should be used to... relieve problems and lead to happiness rather than to tension, suffering and mental disorder.”

This considers *mettā-karunā* as a major force determining how wealth is used. By diminishing the *attā*'s *tanhā* and recognising others' needs, people can see eye-to-eye as to what equity means, since their principles and interests become more alike, understanding challenges everyone faces. This perception lies at the core of Buddhist views of individuals being composed of the same four *dhātu* and five *khandha*, and all subject to *tanhā* and limitations of birth, ageing, sickness and death. However, when people follow selfish instincts, as in economics, this is not so, seen by the following quote from an economics textbook in a required university course I taught:

“...equity ('fairness') lies in the eye of the beholder. Few people agree on what is fair and what is unfair. To many, fairness implies a more equal distribution of income and wealth. Fairness may imply alleviating poverty, but the extent to which poverty should be reduced is the subject of enormous disagreement” (Case and Fair 1996:16).

These comments on poverty bring back questions of needs and how consumerism distorts people's perception. Below, though, *de jure* and *de facto* determinants of equality are considered.

Discussions on equity, or “equality”, can be divided into two “families of meaning... justice or fair treatment... [and] ...sameness or homogeneity” (Lummis 1992:38). With justice, following standard “worldly” definitions, some form of man-made legal framework is needed to maintain order in the system. Though informed by ethical considerations, it invariably employs forceful means and cannot produce fairness, because this depends on individual *cetanā*/volition, which cannot be imposed through disciplinarian methods. Justice is often used as a tool to ensure equality of opportunity, but the following paradox emerges:

“...equality of opportunity only makes sense in a society organized as a competitive game, in which there are winners and losers. What is equal is not the people, but the rules of the game. In this sense it is a kind of economization of equality under the law. The difference is that the object of the game is precisely to produce inequality. The idea is that the division of society is fair if it takes place under fair rules. Equality of opportunity can thus be seen as a device for legitimizing economic inequality” (ibid:43)

Given this predicament, it is not surprising that increasing competition creates greater inequality, despite government efforts to make things otherwise. People, though made up similarly and driven by *tanhā*, have different capabilities and may be born into circumstances where opportunities for developing those capabilities are favourable or

unfavourable. Thus, without changing the value system that promotes competition and accumulation of wealth (*vis-à-vis* co-operation, sharing and moderation) any form of equality in access to resources is unattainable.

The omnipresent *kammaniyāma*, acting as “*de facto* governor” of justice dealing reward or retribution for all thoughts and deeds, arguably always prevails, irrespective of imposing “artificial” legal systems, based on constructed values of how people should be treated. This does not induce equity of sameness or homogeneity, in terms of common characteristics in all people, nor their life environment; especially given different climates, topographies, and wildlife in the world’s various regions, different tastes of individuals and different ways people behave in light of challenges they face. Nevertheless, nearly all people are the same in living bound by *Ti-Lakkhana*, and nearly all have the same tools, the conscious mind, to get out of various predicaments inherent in duality, though their ability to progress varies, depending on accumulations of merit. The solution, like with other cases, is not intervention going against people’s will, whether taxes people try to dodge or laws they try to evade, but growth in *mettā-karunā* and mutual understanding. With this attitudinal change, reliance on laws determining rights, responsibilities and democratic liberties are not needed, since people know what their “duty” is, given common needs and aims. Such a seemingly utopian vision appears unimaginable by today’s standards; however, through meditation, charity, non-violent social action and other methods, positive changes can occur. Many informants feel this way, and do not consider it appropriate to just let the world go by, as a literal interpretation of “nothing is worth getting or being” (Buddhadasa 1989:30) might encourage.

“Nothing is worth getting or being” refers to getting and being based on *avijjā* or clinging to things without knowing how this induces *dukkha*. Considering all phenomena as interrelated, everyone is “responsible” to work for collective good. The happiness from sharing, helping others, living in health and harmonising with the environment is more important than “fighting” for equality. Nevertheless, in Thailand, as elsewhere, inequality exists and may cause *dukkha*; consequently, certain proactive measures in education, business, politics, the environment, etc. should be instigated. In Thailand “socially-engaged Buddhism” does that, and thus development alternatives to bring about improvement in overall health and quality of life are now considered.

3.9 CONCLUSION: INTEGRAL DEVELOPMENT

Here it may seem appropriate to unravel a panacea to solve the world's development problems. Nevertheless, no such universal solution exists, given the ways of the world, other than indirect means informed by mindful thoughts and deeds. All possible solutions appear partial (Section 7.8), since what exists conceptually cannot penetrate the profundities of karma and *Patticasamuppāda*. Disasters, accidents and disease/illness may occur any time, and it seems that no-one is immune. Ideally people should be aware of some of life's basic metaphysical aspects, particularly the spiritual significance of nonduality and the dangers of following *tanhā*. Seeds of change may be germinating in various parts of Thailand and other countries. However, at present levels of global consciousness, the majority appears too involved with *kāma-tanhā* for great short-term changes to occur. Therefore, possibly the best strategy is working within existing development discourses and aiming for prevention rather than cure, approaching things unimpulsively, with caution and insight learnt from past mistakes.

In healthcare, the benefits of prevention are recognised the world over. Traditional healer informants, like NITTM director, Dr Pennapa*, all mention that prevention is fundamental to TTM, which considers dynamism in the body and adopting minimum intervention. Consequently, recognition of seasonal variations, diverse environmental influences and sensitivity to psycho-physiological changes in each individual are essential. In agriculture similar principles can be applied, as pockets of farmers across Thailand are (re)discovering through self-reliance, "appropriate technology" and sustainable cropping methods. In industry and commerce, communications, transportation, banking and other services, the work environment and technology used may be less conducive to applying "traditional community wisdom". Yet by developing integral awareness and understanding the risks of excessive consumerism and energy consumption, modernisation's ill effects may at least be reduced. For change and reform, education is most significant, and, though formally dominated by nurseries, schools, colleges and universities, it is of much greater scope; for instance, when factors like the roles of parents, interactions between monks and laity and values conveyed in the media in its broadest sense⁴³ are considered.

If people are aware of all three realms of knowledge, *cogitatio*, *meditatio* and *contemplatio*, they may realise what integral development really is. There is nothing

⁴³ To include television, radio, newspapers and advertising; also modern "culture", literature, music, art, fashion, sports and entertainment.

arcane, and understanding comes from employing the same three fundamental components of scientific inquiry that validate knowledge in any realm:

1. An instrumental/injunctive strand, comprising instructions, whether “internal” or “external”, simple or complex, following the procedure: “To *know* this, *do* this”.
2. An illuminative/apprehensive strand, implying cognitively grasping or immediately “experiencing” the object domain (or its aspect) addressed by the injunction; that is, immediate data-apprehension.
3. A communal strand, for checking results (apprehensions or data) with others who have adequately completed the injunctive and apprehensive strands (cf. Wilber 1996:32-43).

The dominance of *cogitatio* in modern-day thinking has led to science’s advances, but also induced materialism that seemingly grows as countries develop. *Meditatio* and *contemplatio* reveal object domains more subtle than those of *cogitatio* (sensory data of the empirical variety). For *meditatio* “thoughts” (mental-phenomenological data) and for *contemplatio* “transcendental data” are relevant. Transcendental data takes neither “external” sensory objects nor “internal” mental subjects as “referents” of perception. Instead it takes undifferentiated nondual spirit, or:

“...a direct apprehension *of* spirit, *by* spirit *as* spirit, an apprehension that unites subject and object by disclosing that which is prior to both, and an apprehension that therefore is quite beyond the capacities of objective-empirical or subjective-phenomenal cognition” (Wilber 1996:61).

In Thailand such procedures lie at the core of Buddhist meditation, though few may know it. This is not necessarily a major obstacle to introducing ways of thinking that broaden awareness, and here both traditional *paññā* and modern scientific findings can be adopted. Traditional teachings may work on the conceptual level; but, stressing *mettā-karunā*, might lead people to realise benefits of more integral thinking and behaviour. Modern scientific approaches can also be didactically useful, such as teaching how modern physics reveals that nature has no static structures, just dynamic balance, and all matter is effectively made up of bundles of energy (Capra 1983:79-81). When both traditional *paññā* of seeing things in a synthesising, holistic manner (left-brain) and modern scientific methods of linear analytical thinking (right-brain) are developed simultaneously, awareness can expand and knowledge be put to good use.

Integral development is informed by attitudes that recognise the interrelatedness of all things, thus working for collective good and avoiding all forms of greed, violence and exploitation. Such attitudes realise that healthy bodies, minds, societies and levels of spiritual awareness all promote collective progress. The paradigm informing such thinking and behaving could be referred to as an “integral paradigm”:

“...meaning an *overall* knowledge quest that would include not only the ‘hard ware’ of physical sciences but also the ‘soft ware’ of philosophy and psychology and the ‘transcendental ware’ of mystical-spiritual religion” (Wilber 1996:1).

This, and awareness of it spreading through education and policy-makers, may stimulate greater understanding of how “all” people matter and, in Thai contexts, the significance of the four *Brahmavihāra* (noble sentiments, principles of virtuous existence). These principles, *mettā*, *karunā*, *muditā* (sympathetic-altruistic joy) and *upekkhā* (equanimity, neutrality, poise), drive socially-engaged Buddhism, which works for the benefit of the whole.

This is not “other-worldly” Buddhism of forest hermits and selfish meditators, nor “worldly” Buddhism that glorifies materialism, like any other system fuelled by *tanhā*. It is Buddhism as E.F. Schumacher (1974) applies in the economic context “as if people mattered”. However, although full employment (meaning everyone needing “outside” jobs has employment) is desirable, as is the possibility that all young mothers bring up their children rather than work in factories (ibid:47), in reality things are not so. Likewise, though small may be beautiful, there are indeed many huge business operations the world over dominating political and economic scenes and providing labour for millions. Thus, “within” the existing framework of socio-economic activities, can occur “internal” growth of individuals, dependent on self-reliance and understandings of integral health. This may go hand-in-hand with “external” growth of community projects and general livelihood and welfare initiatives, but without it, such development cannot become a reality, however much theorising and idealism occurs.

In Thailand socially-engaged Buddhism is often associated with writings of Phra Dhammapitaka (P.A. Payutto), whose influence has spread far within and beyond Thailand (Sulak et al. 1999), and the activities of numerous “development monks” working “in the field”. These monks are actively involved in projects, including public education, rural community development, reviving traditional medicine, environmental protection, self-reliance in farming and AIDS prevention and management (Francis 1999). However, socially-engaged Buddhism does not depend on only monks. Nuns and laity, holding similar principles of non-violence, ethical conduct and mindful action, are

also significant. Furthermore, it is not necessarily a “Buddhist thing”. These universal values, main informants repeatedly mentioned, transcend particular religious teachings and are ultimately paths to nonduality and liberation from *dukkha*. Getting over-emotional and radically trying to change the world, like just accepting the status quo, cannot achieve much. However, what may, is accepting (being mindful of) the “present moment” and working “within” and “without”, given resources and various existing structures. So much *living* human expertise, in the diverse fields of science and technology, economics, marketing, agriculture, communications and medicine is of considerable value. What counts though, is using or applying it with an attitude that understands *tanhā* and can confidently *transcend* it.

CHAPTER 4

ATTACHMENT TO TRADITION, ATTRACTION TO MODERNITY: TTM AND ALTERNATIVES

4.1 INTRODUCTION

Modern Thailand's development has produced an uneasy dichotomy, with Thai identity balancing on a knife-edge. Certain forces of modernisation, or what many Thais consider influences from the individualistic and extrovert West, and traditional, communal and gentle Thai ways often appear contradictory. The problem, seen considering narcissism and *tanhā* as causing *dukkha*, is that people want "the best of both worlds", while finding scapegoats (modern or traditional) for social ills. Whatever criteria, people generally feel that Thailand is experiencing a period, for better or worse, of great change, with traditional Thai values being challenged.

How "Thainess" (what essentially constitutes *being* Thai) is defined depends on diverse individual and collective factors related to history, politics, socio-economics, culture, etc. Nevertheless, there is apparently no consensus about what Thainess is, though Thais tend to identify with certain matters, whether language, art, religion, food, dance, or simply a smiling and easy-going personality. These, like other "expressions of Thai identity", may depend on "...the assumed identity that to be Thai is to be Buddhist... [something] accepted by all but the non-Buddhist minorities in Thailand" (Jackson 1991:191-192). However, seen existentially, the *attā* identifying with anything counters Buddhism's core teachings, where beyond *sammuti-sacca* no *attā* exists (Payutto 2000:70/17-26).

Mystics of all traditions, including scientists like Einstein (who spoke of feelings of individuality being optical delusions of consciousness), attest that only by transcending the *attā* can people "...discover instead a Supreme Identity, an identity with the All, with universal Spirit" (Wilber 1991:18). "Conventionally-speaking", identity, like socio-cultural issues in general, helps maintain social order. But when feelings of *attā* arise and individuals cling to *sammuti-sacca* or interpretations, they

easily disagree about behaviour, since “[d]ifferent people establish different conventions about what’s right and what’s wrong” (Chah 1982a:78). Furthermore, they lose track of practical health issues, namely knowing that what is “right” in an interdependent world is harming neither oneself nor others (Chapters 5 and 7). Avoiding harming the natural environment until formerly-common traditional herbs disappear is another consideration. Traditional herbalists express this concern, saying that losing such resources and related knowledge is bound to adversely affect local-level medical costs and self-reliance in healthcare.

Modern capitalist development in Thailand has magnified several contradictions or tensions inherent in Thai culture, tradition and society, which manifest in individual anxieties and collective disorders. Examples are many. For instance, public displays of merit-making, virtues associated with living a simple, non-egotistical life and growing disparities between rich and poor; the popular sense of the village at the core of Thai identity (Hirsch 1991:326), demands for modern high-rise apartments in cities and increasing inequalities between rural and urban areas; and perceived “needs” to revive TTM, growth in allopathic medical consumption and ongoing tensions between traditional healers and modern pharmaceutical companies.

Notwithstanding prevailing paradoxes, the principles of holarchic balance and following *Majjhimā-Patipadā* offer ways to surpass existing dilemmas. In healthcare, though differentiating between the two is effectively becoming increasingly difficult, existing tensions between “tradition” and “modernity” can be dissolved, as cases of integrating TTM with biomedicine to improve aggregate healthcare show (Section 4.11). In the following sections modernisation and healthcare are contextualised in historical terms and current health conditions are evaluated, with regard to the past and (what might be considered “ideal”) Dharmic standards.

4.2 MODERNISATION OF THE THAI NATION

Historians of Thai studies generally consider the 1855 Bowring Treaty⁴⁴ a major turning point, opening Thailand to international trade and transforming it from a virtually self-sufficient, “feudal” country to a modern nation. The change had at least two dimensions, related to:

⁴⁴ Signed by British envoy Sir John Bowring and reigning Thai monarch, King Mongkut (Rama IV, reigned 1852-1868), and followed by similar treaties with other Western nations and Japan.

1. Material culture and commoditisation. In that the monetisation of material elements of reproduction forced producers away from the “natural economy”, existing before the penetration of capital, and into commodity production and consumption (Bernstein 1979:423-424). This relates much to quantitative development considered in Chapter 3.
2. Psychological factors influencing individual perceptions, and elements of both state and non-state ideology (Turton 1984). This can incorporate qualitative factors related to consciousness, that influence how the *lived* human experience can be *subjectively* evaluated in individual and collective contexts, and to what extent *dukkha exists*.

These two aspects of change/evolution effectively cannot be divorced and should be seen as interrelated. For instance, sometimes mutually-reinforcing, as when materialistic “consumerist culture” feeds on itself becoming an “ideological function of consumerism” (Habermas 1976:93), characterising world-wide modernisation trends and serving interests of proponents of capitalist development (although aggregate *tanhā* of all individuals propels it). And sometimes antagonistic, evidenced by ongoing criticisms of consumerism and the dissatisfaction it brings (Chapter 3).

Considering empirically-quantifiable data, variables recording changes in trade patterns or economic growth over the last century (especially recent decades) show that Thailand, has “progressed” significantly regarding standard socio-economic indicators. Consequently, it is often referred to as one of East Asia’s successful second-generation “Tiger” economies. Events since the mid-1997 financial/economic downturn have led to revaluations; nevertheless, relative to other developing countries, Thailand is still a “success story”. Numerous authors deal with broad, historically-informed analyses of Thailand’s structural changes and repercussions in agricultural, industrial, manufacturing, services and bureaucratic sectors⁴⁵. Yet behavioural and psychological reactions to these changes, from individual and societal perspectives, and how they impinge on practical action in the arena of healthcare are more pertinent to the current discussion.

Regarding the Bowring Treaty era, under pressure of superior (empirical) scientific and military influence, it appears that the Thai elite quickly adopted practical Western ideas on mathematics, astronomy, physics, chemistry, medicine, etc. Initially

⁴⁵ Among others, Ingram 1971, Chatthip and Suthy 1981, Chatthip et al. 1981, Feeny 1982, Brown 1988, Yoshihara 1988, Sompop 1989, Suehiro 1989 and Rigg 1997.

such knowledge affected the immediate sphere of the royal court, but within a few decades its influence spread elsewhere in Bangkok, ultimately impinging (in varying degrees) upon all segments of Thai society. Reynolds (1976:215) argues that King Mongkut, his Foreign Affairs Minister (Chaophraya Thiphakorawong) and other similarly “progressive” officials accepted that traditional Thai Traibhumi (three worlds of sensuality, form and formlessness) cosmography could be divided into two:

“...the natural world and religion, each category of phenomena having a set of ‘laws’ which guided its workings... Illness, for example, was caused not by a god punishing evil deeds, but by air currents. ...[Thus] the etiology of disease was now environmental and devoid of any moral content.”

Such thinking may be considered a precursor for widespread acceptance, especially by biomedical doctors, of things like “germ theory”. Yet, aside theoretical discourses, morality in a Buddhist country could hardly be divorced from disease/illness and misfortune. King Mongkut (with 27 years in the monkhood before ascending the throne) was indeed a religious reformer keen to “rationalise” Buddhism by removing “accretions” of animistic superstition and Brahmanic mythology; while many officials and later biomedical proponents enthusiastically embraced “modern” scientific knowledge. However, basic tenets of Buddhist ethics and causation were not necessarily challenged, nor doubted.

Beyond metaphysical discourse and belief, Thailand was nevertheless undergoing many primarily top-down changes. For centuries people lived in seemingly “unbounded” space without formal borders, but rather fluctuating influences of local city-states, until the ruling elite established a clearly-defined political and geographic “Thai” superstructure, with symbolism and ideologies of nation-building and social control (Thongchai 1994).

During the reign (1868-1910) of King Chulalongkorn (Rama V) Thailand experienced considerable institutional and economic change, with centralisation of power, and the development of a formal (state-regulated) religious framework and an essentially secular public education system, all propagating national integration. The first Western-trained physicians (including missionaries) appeared in the 1820s (towards the beginning of large-scale European colonial expansion in Southeast Asia), yet biomedicine only really began to flourish in the late-nineteenth century. In 1887 the Siriraj Hospital, Thailand’s first “modern hospital”, was established, and by 1889 the Siriraj Medical School included biomedicine in its curriculum. Over subsequent years biomedicine and TTM were taught, yet an awkward incompatibility between them soon

surfaced. By 1906 the MoPH no longer officially recognised TTM and its teaching institutes (because of limited textual standardisation, and fragmentation and stagnation of TTM as a whole), thus, for over fifty years no official TTM schools existed (Brun and Schumacher 1987:6-9).

TTM still survived during this period (particularly in rural areas), since, even by the late-1970s, biomedicine, though "...available in Bangkok and in many urban provincial areas... [had] scarcely reached the bulk of the population" (Mulholland 1979:80). Nevertheless, especially during King Chulalongkorn's reign, political developments, with bureaucratic reorganisation and Bangkok-trained Interior Ministry officials spreading to all parts of the country, curtailed traditional aspects of local governance and autonomy (Davis 1984:32-33). King Vajirawut (Rama VI, reigned 1910-1925) actively promoted "modern" ideologies through a form of civic religion glorifying the nation, the religion (i.e. Buddhism) and the monarchy as major symbols of national identity. This period of "royalist nationalism" (Reynolds 1991:11) paved the way for adherence to rationalised and legitimised state mandates, and acceptance of the supremacy of modern scientific discourses.

Thailand's long history of absolutist monarchical rule ended in 1932, with a coup led by Western-educated democrats. Three decades of constitutional monarchy, characterised by factionalism, political instability and mediocre economic growth, followed. The basic government structure and extent of disunity between military and political factions remained relatively constant. In the early-1960s, though, Field Marshal Sarit Thanarat's new regime broke from past policies by promoting development driven by foreign investment and emphasising industry, science and technology. This ushered an era of "outward-looking" economic policies and increased growth, which has pervaded Thailand ever since. Notwithstanding successes measured by positivistic economic indicators, corruption was widespread and most planning was arguably driven by "get-rich-quick" rationality. In 1961 the first of ongoing five-year National Economic and Social Development Plans (NESDP) were introduced. These have promoted rapid economic growth with little regard for other important development factors, particularly individual and community well-being and the environment.

Nevertheless, during the 1990s government agencies increasingly turned their attention to human resources and the environment. The eighth NESDP (1996-2001) is the first to focus specifically on social and environmental issues (at least theoretically) and how economic development can improve the aggregate *quality* of life. Moreover,

the sixth MoPH National Health Development Plan (1987-1991) sought, for the first time, to incorporate health development in wider contexts of human resources, and social, cultural and rural development plans. However, MoPH critics still say that it is slow to adjust to new health problems caused by recent socio-economic development, and little is done to overcome limitations caused by poor policy co-ordination, management problems, staff shortages, regional inequality and rising medical costs.

4.3 QUALITY OF HEALTH SEEN COMPARATIVELY

Despite efforts to improve quality of life, finding conclusive evidence whether Thais are generally better off regarding integral health now than in the past is difficult, though formerly the “good life” was not necessarily the norm. Studying historical texts may reveal information on past circumstances, but determining the quality of life requires much interpretation. Arguably, inequality, hardship and suffering characterised former times, since *corvée* (debt-bondmanship) was widespread until King Chulalongkorn began abolishing it in the late-nineteenth century. Nevertheless, many Thais still nostalgically consider the Sukhothai Kingdom, which “flourished in the thirteenth and fourteenth centuries” (Keyes 1991:266), as the first and quintessential Thai state from which true Thai identity can be distilled. Some may argue that Sukhothai epitomises the exploitation Marx was concerned with; as a powerful elite effectively controlled resources and extracted excessive produce from the masses (Kanchana 1982:36). While others, like Jackson (1991:210), believe “reformists” within the Thai political and economic elite regard Sukhothai “...as a golden age of Thai history that has fundamental ethical and political lessons for the present”. The reign of King Ramkhamhaeng (Sukhothai’s first king) is often considered one of harmony, social justice and abundance. He is widely believed to have formulated the Thai script, as found on the Ramkhamhaeng Inscription⁴⁶, a squat, stone pillar revered as a great national treasure and kept in Bangkok’s National Museum. Nearly all Thais, especially schoolchildren, when young learn a famous verse from the inscription:

nai nām mī pla, (the water has fish)

nai nā mī khao, (the fields have rice)

phēn-din khong rao nan yang udom-sombūn (our land is still fertile-abundant)

⁴⁶ Certain academics have challenged its authenticity.

Such words may portray past prosperity, without today's complications, particularly the chaos of Bangkok urban living. Likewise, certain interpretations of past circumstances suggest a community spirit and nonchalant attitudes towards money, far-removed from those nowadays:

"The image of the commoner... in many works of Northern Thai literature is *not* that of a 'humble', depressed and miserable object, but rather... an active, self-determined subject, full of confidence... self-respect and dignity... Communal tasks were accomplished on the basis of voluntary cooperation for mutual benefit. Village based associations for water management, and social organizations surrounding the village temple-monasteries, have evolved for centuries - and still are lauded... as models of traditional Thai democracy... [E]verybody, including the slaves, ...is deemed worth mentioning when a meritorious deed has been done by a combined effort... [N]ot deemed worth mentioning... is the difference of the amounts of money or work spent by each contributor: what an achievement of humanity, what a boost for the self-respect of every individual involved - especially members of the 'ruled' classes!" (Hundius 1995:51-58).

Despite such enthusiasm, present conditions, as historical reference points, shape hermeneutic bias in considering old texts; thus "objectivity" is impossible. Without knowing exact contexts and getting *into* people's minds, one cannot determine how much *dukkha* they experienced and their general health. Historical reconstruction of the past may reveal that areas such as Northern Thailand experienced fluctuations in population "...according to the ravages of malaria, epidemics, warfare and wild animals" (Turton 1972:229). Yet the relative stability of the current Thai population, having essentially completed its "demographic transition", does not imply that people are generally better off than the past. Modern scientific approaches may analyse diachronic changes in health using empirical evidence. In these terms Thailand's "health profile" has dramatically improved over the past fifty years. In fact by mid-1980 Thailand, like China, Sri Lanka, Costa Rica and other countries with considerably reduced infant mortality, and increased life expectancy and literacy rates, was lauded as a developing world "superior health achiever" (Caldwell 1986). Provision of basic public and primary health programmes⁴⁷, has helped reduce morbidity and mortality from infectious diseases⁴⁸, yet a "health transition" has occurred, with a shift from communicable diseases to non-communicable ("lifestyle") diseases and accidents⁴⁹. Moreover, Whittaker (1999:117) argues that unequal access to health services has

⁴⁷ Including, water and sanitation, immunisation and maternal and child health.

⁴⁸ E.g. diarrhoea, respiratory diseases and complications of pregnancy and childbirth.

⁴⁹ E.g. cardio-vascular diseases, cancers, occupational diseases and road accidents. By 1998 the three main causes of mortality (rates per 100,000 population) were heart disease (72.1), cancers (49.7) and all accidents (43.8) (HSRI Bulletin, June 2000:4).

increased and "...diseases of poverty continue to be the primary causes of morbidity and mortality."

By 1990, heart disease was the leading cause of death, followed by accidents/poisonings and malignant neoplasms (The Nation, 12 March 1995). More recently, HIV/AIDS has become a major cause of morbidity and mortality, with 30,000-45,000 people dying annually (HSRI Bulletin, June 2000:2). Estimates of the incidence of HIV/AIDS vary considerably, and government figures (of a few hundred thousand) are much lower than those of NGOs. However, even MoPH workers I spoke with in Chiang Rai province⁵⁰ proposed that 1-2 million people are actually infected in Thailand. The problem, they feel, is that many infections have occurred in the last few years and only in another few years will the suffering, and its social impact, become fully manifest. The difficulty in comparatively assessing health standards is particularly acute when considering *quality* of life. Life expectancy has undoubtedly risen since World War II, but recently the number of inpatients visiting government hospitals has also increased, from 3,780,000-5,440,000 over 1992-1998 and "the trend is that this number will rise continuously!" (HSRI Bulletin, June 2000:3). Overuse and misuse of antibiotics, analgesics and cold remedies, all widely promoted by advertisements, are much to blame (ibid:3).

Better data-collection coverage may reveal increased morbidity, while biomedical advances in reducing mortality may mean intervention keeps people alive longer, despite morbidity. For instance, the 1999 Chiang Rai Provincial Health Office Annual Report (1999:63) shows a significant decline in deaths from Acute Respiratory Infection to under five-year-olds, over 1996-1999 from 24-8 deaths, yet the morbidity rate *increased* from 6.58-7.31% (6,102-8,054 cases). With mental health, the mid-1997 crisis, which within months saw increases in "...a variety of mental illnesses, ranging from depression to feelings of hopelessness" (Post, 20 March 1998), is largely considered responsible for negative changes. Stress is now a major national health concern, and its association with modern jobs and lifestyles, means that it appears part of a more comprehensive process of change.

These observations may reveal temporary trends, parts of cycles or extraneous factors, and are not necessarily indicative of overall health. Yet, like much evidence that influences people, they deal with empirically-measurable conditions, primarily involving *cogitatio*. A meditation master I know, reticent about his attainments with people lacking faith in spiritual practice, explained things that modern scientists might

⁵⁰ Affected by HIV/AIDS worse than most other Thai provinces.

instantly pass off as nonsense (22 August 2000). He has a family household appliance business and a daughter of seventeen; but also spent 23 years studying with a little-known monk, who recently died aged 96. Certain results of his practice, apart from inner peace and life almost free of *dukkha* can be empirically proven. He has not slept for the last eleven years (his teacher did not sleep for his last 35 years) and in meditation (which he does six hours nightly instead of sleeping) at the highest level (the fourth formless *jhāna*) his heartbeat decreases to eight per minute. He feels anyone can achieve such things; but with conditions, particularly no food after 2.00pm and no sexual activity, or loss of *chi* during intercourse⁵¹.

Wilber (1999:75-76) describes meditating, with “complete mental cessation”, connected to an EEG (electroencephalogram) machine which shows no alpha, beta nor theta waves (respectively related to relaxed awareness, analytic thinking and dream or intense creativity states), but maximum delta waves (related to deep dreamless sleep), ordinarily implying someone “totally brain-dead.” Many reported cases of meditating yogis with voluntary control of autonomic functions exist, such as Ramanand Yogi, who in 1970 was filmed for over five hours in a sealed metal box, while physiological measurements were taken (Gross 1996:90). He used just over half the calculated minimum of oxygen needed to stay alive, and during one of the hours averaged merely one-quarter of that amount (ibid:90). Here resurfaces Yuasa’s (1993:134) argument (Section 2.15), who cites empirical studies of Chinese and Japanese *chi* therapists projecting their *chi* six meters and still producing curative effects, “supernormality” attainable by anyone able and willing to practice. This raises questions about parameters determining what is “normal” (and thus “healthy”) among humans, also regarding indicators like blood pressure, heart rate and calorific intake.

Numerous clinical studies with mice and monkeys show that animals *restricted* to consume approximately 70% of “normal” calorie levels live some 40% longer than those with normal intakes. Similar principles and practices, including fasting, are *voluntarily* adopted in spiritual traditions to prevent the stomach working excessively and produce mental clarity (Ludjito 1996:81). Phra Suthep Suthewo, a socially-active monk in Chiang Mai province advocating using Dharma to guide development (Suthewo 1996 and 1998), said that eating only once daily⁵² allows him to work hard and not feel sleepy by day (27 October 1999). He mentioned that, working alongside villagers in constructing buildings and irrigation networks, he notices them

⁵¹ As practised in sexual yoga or “dual cultivation”.

⁵² Common among certain monks, especially forest ones.

complaining if lacking food. However, obvious to all, and often a subject of amusement, they eat more than him, feel sleepier and work less.

Food *quality* is also worth considering, and diets of denatured, processed foods (rising across Thailand) though containing many calories, are nutritionally deficient. An "American Journal of Clinical Nutrition" article of March/April 1958 discusses research revealing that the average daily calorie intake of a "typical [Indian] beggar amounted to less than half of that of a typical American. Yet only 6.25 per cent of the beggars showed any signs of nutritional deficiency, while a staggering 75 per cent of the American teenagers showed signs of severe malnutrition" (Reid 1989:68-69).

4.4 TENSIONS BETWEEN TRADITIONAL AND MODERN HEALERS AND WAYS

Main informants all feel that attachment to sensory pleasure has increased in recent years. Or at least, judging by modern forms of sensory stimulation, whether "new" tastes food companies promote in advertisements, or images and sounds of movies, video games and music, more refined ways have been developed to "hook" people on consumerism. As Lao Tzu (TTC Chapter 12, cf. Ni 1989a:13) states:

“(The countless combinations of)
the five basic colors blind the eye.
(The infinite compositions of)
the five basic tones deafen the ear.
(The numerous varieties of)
the five basic flavors dull the tongue.
The pursuit of worldly pleasures, maddens the mind.”

Alternatively, Ajarn Man (cf. Boowa 1982:77) employs the following analogy to describe effects of slavery to the senses on the mind:

“Mind is subject to incessant work and worry, day and night... if it were a piece of machinery, such as a car, it would have been turned into scrap iron long ago. There is no hope to be able to repair any machine under so heavy burden as is the mind.”

Certain explanations, seeking to assess modern developments, in light of the proposed general rise in infatuation with sensory pleasure, propose that compared to the past people now no longer live in communities and environments where built-in checks-and-balances moderate behaviour. In "traditional" Thailand there simply were neither the facilities nor the possible social contexts for individualism, allowing relatively-unrestricted hedonistic pursuits. Nowadays people may have broken free of past constraints to *enjoy* their lives more, yet if this implies attachment to sensory

pleasure, following *Patticasamuppāda*, which links *avijjā*, *taṇhā*, clinging and *dukkha*, it ultimately causes dissatisfaction.

Large and powerful companies, driven by profit, work much on greed to encourage consumption of goods that induce narcissistic satisfaction. Modern pharmaceutical enterprises may operate likewise. Turton (1984:40) notes that drugs are over-imported, over-stocked and marketed in an unregulated fashion, so that "...in many cases Thailand is used as a testing ground for dangerous drugs." The enterprises, however, continue promoting their medications, ignoring placebo effects and even influencing behaviour of biomedical practitioners by highlighting evidence from clinical research that supports their interests. Traditional healers, struggling to make their herbal remedies comply with recent Thai Food and Drug Administration (FDA) regulations and compete with mass-produced medicines of pharmaceutical enterprises, are often frustrated by this. Ample evidence shows that meditation, exercise, a balanced diet of unprocessed food and other practices conducive to health, cost little and would reduce dependence on medical services. Nevertheless, interest groups with political and economic strength often control information influencing the general public. A striking example is cancer. In the USA, the National Cancer Association has claimed "...in its national advertising that 'half of all cancers are now curable'", but the "fact" is that since the mid-twentieth century "...there has been no significant increase whatsoever in the average survival rates of patients" (Wilber 1991:43). Thus, "...the first thing you learn about cancer information is: basically, none of it is true" (ibid:40).

Statistics can powerfully influence people's attitudes, but medicalization means it is often difficult to make conclusions, even using implications of empirically-provable health data. Informants who are healthcare practitioners have mixed opinions about comparing current and past Thai health circumstances. Biomedical practitioners are generally more optimistic, saying that things have and will improve, especially regarding average calorie intake and general physical health. Cassell (1976) differentiates between the terms "disease" and "illness", explaining that the former (determining doctors' perspectives) is an objective, scientifically-quantifiable entity, while the latter is the subjective response of patients, loaded with cultural and social meanings. Biomedical practitioners, educated in clinical settings to see patients and diseases in value-free objectified terms (Good and DelVecchio Good 1993), often work in relatively impersonal hospital-like environments. Moreover, the "modern professional practitioner" is taught to *cure* rather than *care*, since this "...profound distortion of clinical work is built into the biomedical training of physicians"

(Kleinman 1980:363). With emphasis on *curing* and *maintaining* the “machine-like” body, amelioration in *physical* health and control of pain through painkillers would indeed point to general diachronic improvements.

Using approaches largely void of modern/empirical medical and scientific dimensions, practising in mainly rural homes or temples and regularly in contact with patients, traditional healers and monks arguably work more with “illness”, helping patients understand the meanings of poor health. This usually necessitates moral and spiritual perspectives. Consequently, many monks and TTM practitioners are less concerned about judging things using physical criteria and point out that mental and spiritual health (concerning selfishness and lacking morality), have deteriorated and will continue that way. Hindu and Buddhist beliefs, held by many monks and traditional healers, say humanity is in a Kali Yuga (Chapter 7) and things will get progressively worse for hundreds of years. They claim that recent world-wide evidence supports this belief, particularly increased warfare, the AIDS pandemic, environmental destruction and associated calamities caused by global warming. The decline may consist of crises, intensifying then abating cyclically, but the aggregate karmic accumulation appears to manifest as a net *gain* in negativity.

The crises could be attributed to moral decay in Thai society and humanity at large, which may cause attachment to nostalgia for harmonious traditional times, while development marches on. A ripple of larger degenerative currents was the legitimacy crisis of the mid-late-1970s, brought about by asymmetrical power relations, with peasants dominated by the bureaucratic, military and merchant elite, and compounded by communist threats from within and beyond Thailand’s borders (Tambiah 1984). During this time of increasing materialism and political upheaval, adjustments occurred in society and politics, while demand for magical amulets rose to replace lost self-confidence and power, and provide psychological remedies (ibid:344-345). The crisis may have been managed by balancing forces, which assuaged the majority’s fears and re-established equilibrium. Yet, no sooner than one crisis is dealt with, another seems to arise.

So why the general disagreement in how health is viewed by biomedicine (following modern scientific paradigms) and Buddhist-influenced TTM? Introducing some of TTM’s main characteristics may provide some answers. However, since TTM and Buddhism feel the essence of life is Spirit, a subtle energy that can be *experienced*, but not described in the words of academia nor modern scientific analysis, validity of *empirical* evidence describing conditions of health is limited. With scholars getting

academically involved in spirituality, the same is true. Wilber (1999:312) argues that “translative spirituality” is generally discussed, “...an object of dreary, detached, desiccated study.” He (ibid:312) adds that this endeavour is comparable to collecting insects for examination:

“...take an empty mayonnaise jar, put lethal carbon tetrachloride on cotton balls, and place them in the bottom of the jar ...then drop the insect... into the jar, and it quickly dies, but without being outwardly disfigured ...then mount it, study it, display it.
“Academic religion is the killing jar of Spirit.”

4.5 CATEGORIES OF TTM AND HEALTHCARE PRACTITIONERS

Traditional nosology in Thailand is connected with Buddhist principles, including *Patticasamuppāda* and establishing equilibrium/harmony of basic *dhātu*. Nevertheless, like other Southeast Asian nations, Thailand has received significant other (non-Buddhist) outside influences, especially from India, the Middle East, China and, more recently, the West. These influences combined with indigenous animist beliefs and practices, and an eclectic/syncretic assemblage (with diversity of diagnostic and therapeutic systems/subsystems) evolved. Unlike biomedicine, these cannot be classified into a unified system since they lack standardisation. Rural areas have been traditionally characterised by greater diversity than urban centres, whose closer connections to the royal court meant more-formalised medical systems. Yet, all TTM systems possess several ubiquitous traits. Below, rather than exhaustively analysing and classifying TTM, an overview of underlying principles, particularly maintaining balance and paying attention to mental and spiritual health, is offered.

Hinderling (1973), considering healthcare in Thailand, identifies two systems. The “modern” (*phēt phēn-pachuban*), guided by biomedical concepts and rationale, and the “traditional” (*phēt phēn-boran*), a synthesis of various “explanatory systems” of illness/disease causation and therapies. He argues that two main explanatory systems inform the latter, both closely related to Buddhist concepts and rituals:

1. The theory of *dhātu* and balance, with illness/disease caused by imbalances due to changes in diet, temperature, humidity, etc., and treatment usually involving herbal remedies.
2. The theory of illness/disease caused by “foreign elements” (tangible and intangible), with treatment based on magical-religious intervention in the supernatural sphere.

The most important rituals concerned with healing and overcoming general adversity involve the power of mantras (*khāthā*) and symbols, and according to Hinderling (1973:38), are associated with both the function of formulating thoughts and the “communicative function” that transmits them. Common rituals, such as calling back the spirit-soul (*sū khwan*), extending fortune (*sēūap chatā*) and sending away misfortune (*song kro*), employ the following: *nām-mon*, incense and candles (*thūp tien*), paying homage to teachers (*wai krū*), *khāthā*, sacred symbols (*yantra*), amulets (*khreūang-rāng*), blowing (*bao*) and tattoos (*sak*).

Golomb (1985) recognises that TTM practitioners combine many therapeutic techniques, yet considers three main types of practitioners and “theoretical emphases” for causes and treatment of disease/illness:

1. Herbalists, who use the Ayurvedic humoral system (like explanatory system 1. above) but including psychosocial stress as a cause of imbalance.
2. Folk psychotherapists, especially monks who focus on psychological well-being and, rather than drugs, use therapeutic conversation and sometimes ritual healing with *nām-mon*, amulets and other “sacred” means.
3. Supernaturalists or exorcists, who deem spirits, deities and/or sorcerers responsible for illness/disease. Their basic therapies, as performed by mainly spirit mediums, use exorcism and related rituals/ceremonies.

These groups, as stated, are not mutually-exclusive. Often practitioners employ eclectic theories and therapeutic techniques. Furthermore, many healthcare interactions are related to prevention rather than cure.

Physical therapy, such as massage (*nuat*), bone-setting (*raksā kradūk hak*), hot herbal compression (*prakhob yā*) and yoga-like stretching exercises (*reusī dat ton*) taught to patients are also common. Healing methods include healers using a tiger’s tooth, deer’s horn or other knife-like implements to scrape along skin and expel toxins (*hēk*), and treading on patient’s backs and limbs with their soles covered in a herbal concoction and heated by contact with a hot metal surface (*yam khāng*). I found these less-common therapies only in some rural areas.

Physical therapies often involve rituals and healers following taboos or prohibitions (sometimes patients too, at least until cured). This introduces issues of nutrition, as different food types are recommended or discouraged, both in therapy and advice to prevent illness/disease arising with seasonal or lifecycle changes. Changes in

environmental factors are also relevant, because TTM's holistic approaches consider the interplay of the four *dhātu* that constitute what is "inside" the body, and what occurs "outside" (in the "natural world"). Thus TTM's various aspects form a dynamic system where healers often know several techniques which they use simultaneously or successively; depending on diagnosis of patients' humoral imbalances, psychological aspects, patients' surroundings and responses to treatment.

The many traditional healers I met did not wish to classify themselves as specialists in any field, preferring recognition as "general practitioners". They frequently discussed adopting holistic approaches, and when pushed to state their salient skills, for instance at meetings and conferences, they generally mentioned herbalism. This may reflect various factors. Herbs are tangible and can be studied, categorised and marketed, and used without healers present. Traditional healers often consider modern pharmaceuticals (also tangible), seen everywhere and strongly influencing people's perception of biomedicine's pervasiveness and effectiveness, dangerous and threatening to TTM. Current interest in herbs is such that many biologists and biomedical practitioners study them, the government recognises they are important aspects of Thailand's heritage and their sale to expanding middle socio-economic groups has boomed.

Though nearly all the traditional healers studied considered themselves practising Buddhists, many actually performed Brahmanic and animistic rituals. Brahmanic influences are apparent when considering the *khwan* (spirit-soul), which certain monks feel is an aberration of Buddhist ideas of the mind (*jit*). This is complicated by the *khwan* being divided into 32 entities, each residing in different parts of the body. These correspond to the body's 32 tangible components central to Buddhist physiology; with (considering *dhātu*) the 20 solid components (hair, flesh, bones, etc.) being *din* and the 12 liquid components (bile, blood, lymph, etc.) being *nām* ⁵³. Objections to designating *khwan* to each of the body's 32 parts include arguments that people already having enough trouble controlling their (one) mind to think about different *khwan* having their own intention and ability to wander from the body (sometimes used as "supernatural" explanations for disease/illness). Luang-phor Khun*, whose temple emphasises meditation and cultivating *paññā*, and discourages animist-influenced rituals, assured me that "pure" Buddhism is not concerned with "supernatural nonsense" (26 July 2000). He believes that there are explanations for all

⁵³ There are also 6 *lom* body components and 4 *fai* ones, these are intangible and regulate bodily functions (cf. MoPH n.d.a:2-4).

diseases/illnesses and cures following *Dhammaniyāma*; but people confuse things by getting carried away by emotions, continuously generating new karma and missing simple truths known by developing mindfulness.

Few traditional healers employ such a pragmatic and demythologised version of Buddhism. Yet, as seen below, this has arguably been a weakness of TTM, since it has allowed people to take advantage of credulous patients, something of increasing concern for the government and the public at large. This counters Buddhist ethics, especially considering that, according to Mulholand (1979:85):

“For hundreds of years, probably since Buddhism first came to Thailand, the *wat* [Buddhist temple] has been the source of much of the knowledge of medicine and remains so to-day. Monks and laymen gain their knowledge from the same sources - ancient texts and experience.”

However, nowadays relatively little TTM knowledge comes from temples, though in some temples traditional healers meet, courses are taught and medicinal herbs are cultivated. The rise in TTM schools outside temples and possibilities of self-study have reduced the role of temples. This may have allowed “opportunists” to gain credibility without association with or control from temples. Despite increased reported deception and opportunism (Post, 20 March 2000a), there is still much faith in various forms of traditional knowledge. Nevertheless, some traditional healers, through attachment to it, risk not keeping up-to-date with changes within TTM (discussed below).

TTM is still strongly associated with Buddhism. However, regarding belief and ritual, rather than proximity to temples, healthcare today is different from twenty years ago, with government and private hospitals and healthcare centres widely distributed across Thailand. These generally offer biomedical services; moreover, much basic medical knowledge now comes from practitioners who study at Thai and foreign (biomedical) universities, and government healthcare campaigns following similar approaches. The Thai government has pushed to provide systematic and homogenised healthcare to the general population, and even officially-recognised TTM has undergone a bureaucratic overhaul, now regulated by standardised texts and exams (Section 4.8-4.11). Although benefits from controlling overall healthcare have resulted, some authors argue that a multiplicity of therapeutic alternatives may better equip people to cope with uncertainties in an uncontrollable world (Golomb 1985:153). This may be valid, yet may also mean that (*vis-à-vis* helping people develop *paññā* to handle uncertainty) they may remain ignorant of many health matters, depend on others and be

taken advantage of. Also relevant to traditional-modern medicine debates is that modern secular psychiatric therapies (especially in urban areas) could be considered responsible for “psychic estrangement” of individuals, from their own, their culture’s and their society’s “realities” (Obeyesekere 1981:104).

Certain writers suggest that most modern/biomedical doctors form part of “service elites”, with a significant role in the development process (Boesch 1972:6). They feel self-confident, behave arrogantly, mix official and private practice⁵⁴ and consider themselves the “cream of society”, practising the highest profession and avoiding underdeveloped provinces (Goldschmidt and Hofer 1972:5-9). These comments are from thirty years ago, yet even today people voice similar complaints. The perceived “elevated status” of biomedical practitioners creates social distance between practitioners and patients, particularly less-educated, rural ones. Consequently, in communication semantic and cognitive barriers exist and the often-mystified patients generally behave passively and deferentially. Furthermore, practitioners may face conflicting loyalties, as members of various groups, including their families, their profession and their hospitals. This could mean minimum loyalty directed to the disadvantaged patients, who are purely anonymous individuals (Boesch 1972:7). Nevertheless, the above argument is primarily aimed at practitioners dealing with somatic disorders; while certain practitioners are actively involved in emphasising Dharma and spirituality to improve mental and spiritual health. I found evidence of such “enlightened” ideas and practices among relatively young psychiatrists, such as Dr. Teerakiet* and Dr. Prasert* (Section 5.9).

Unlike most biomedical practitioners, traditional healers (as other individuals) in rural areas generally form part of wider communities whose underlying social ethic promotes mutual interdependence. In practice, disharmony still may exist. However, Yano (1999:174) argues that in the “traditional model of medicine” healers, patients’ families and the “larger community” were all “...responsible for providing the patient with compassion, comfort and care.” In such settings Kleinman (1980:364) suggests:

“Sickness is best regarded as semantic networks (culturally articulated systems) that interrelate cognitive categories, personal experiences, physiological states, and social relationships. Healing, viewed from that perspective, involves the same semantic networks. Biomedical and psychiatric reductions make it impossible to study healing from this cultural standpoint.”

⁵⁴ Reducing official consultation times and healthcare standards.

Hinderling (1973) argues that when traditional healers and patients interact, as a norm no conflict occurs; while communication is usually easy and relatively uninhabited. Moreover, the “[e]thics of Buddhist-Thai medicine ensures that a doctor, especially a minor one, does not practice primarily for financial reasons but for social reasons, out of sympathy for patients or perhaps to achieve ‘bun’ [merit]” (ibid:83).

Until now healthcare in Thailand has been dichotomised into categories of “good” TTM and “poorly-suited” biomedicine. Over-generalising or denying that biomedical practitioners and traditional healers make up diverse groups of individuals does not accurately reflect existing circumstances. Rather it shows extremes; as perceived by certain writers, and possibly affected by the alienation of modern (particularly urban) depersonalised life, and popular Thai nostalgia for a past commonly portrayed as pervaded with happiness, harmony, abundance and integrity. Helman (1994:88) proposes that such nostalgia for a sense of community and a caring extended family appears widespread in an increasingly impersonal and industrialised world. In Thailand it causes attachment to tradition and confusion concerning identity, given fascination with “modern wonders”.

4.6 EVIDENCE, GHOSTS AND FEAR

Main informants feel that healthcare in Thailand is changing rapidly, with greater emphasis on scientific evidence. Traditional healers particularly voiced this, alone, at group meetings, and participating in projects to evaluate and assess the development of their networks and their evolving position in the midst of new government regulations towards their practice. Regarding data collection for empirically-provable evidence, science and biomedicine have achieved wonders and will continue to do so. However, major differences between how biomedicine and TTM view “scientific inquiry” (Section 2.7) essentially reflect empirical science–spirituality/mysticism debates. According to eminent pioneer of modern physics Sir Arthur Eddington (1929:282); who, like Einstein, Heisenberg, Schrodinger, Planck, Bohr and Pauli, arguably had significant mystical insight:

“Science is incapable of leading mankind directly to the truth, or reality as such, it can only lead him to a shadow world of symbols.”

Using Plato’s analogy of the Cave, this reveals that, while science (particularly physics) offers detailed pictures of shadows in the Cave (*sammuti-sacca*), mysticism provides direct introductions to the Light lying beyond the Cave (*paramattha-sacca*).

Thus, “[s]tudy the shadows all you want, you still won’t have Light” (Wilber 1991:20). Payutto (1995a:25) proposes that nowadays *paramattha-sacca* “is reduced to algebraic equations” while mathematical symbols “have become new objects of faith.” Following such scientific thinking, many biomedical practitioners gladly say they use “evidence-based medicine”, which differentiates them from traditional healers. Those biomedical practitioners (like the specialist moving to NITTM mentioned in Section 3.8.1) more open to discussing spiritual considerations see things differently. Whatever the findings of science or changes in government regulation, they, like “spiritually-oriented” traditional healers and monks, are confident that, on the level of mind, personal effort generally achieves health. This does not function independent of the “outside” world, since knowledge about health matters is often gained from others; but, by delegating responsibility for health to others (whether biomedical or traditional practitioners), the mind’s power is not harnessed. Self-reliance is therefore vital, not necessarily regarding what happens in the physical world, but what occurs “within” the mind, and here the Buddha’s teaching in the *Kālāma Sutta*, is particularly relevant (cf. Section 7.10). Essentially it discourages mere belief, falling prey to “intellectual dependence” and neglecting “...one’s own intelligence and wisdom in dealing with what one hears”, and encourages adopting “careful attention and full scrutiny” and seeing if what is heard accords to “the genuine quenching of suffering” (Buddhadasa 1999:5). This involves “scientific” inquiry, since:

“The mystics ask you to take nothing on mere belief. Rather, they give you a set of experiments to test in your own awareness and experience. The laboratory is your own mind, the experiment is meditation. You yourself try it, and compare your test results with others who have also performed the experiment. Out of this consensually validated pool of experimental knowledge, you arrive at certain laws of the spirit...” (Wilber 1991:82).

Phra-ajarn Songwoot Chawano, Wat Udom-waree’s vice-abbot, praised biomedicine’s achievements, saying that unravelling the DNA code would lead to various cures; yet, echoing concerns of others, mentioned that trouble will arise as long as behaviour is driven by *tanhā* and attachment to the body (6 July 2000). He said that Buddhism, like science, has its hypotheses and one is cautioned against blind belief; but even supposedly well-educated and clever people become fooled by science, just like many are fooled by “charlatan” traditional healers and spiritual teachers.

This point was particularly pertinent, since a few weeks earlier a “...self-styled mystic (known as Ajarn Koo) was charged with fraud after his paranormal powers deserted him during police questioning” (Post, 26 May 2000). The incident featured

prominently in television news reports and Thai newspapers of the time; while related debates continued for months. I paid particular attention to how this matter was dealt with due to the involvement of people I know; for some of them had faith in Ajarn Koo until the end, when pressurised after several failures to prove his powers on national TV, he admitted using trickery to amass a substantial fortune (Daily News, 26 May 2000).

The general public reaction involved displeasure that probably thousands of people are dishonestly making a living out of “commercial spirituality” in Thailand today. However, while much was said about confusion caused by numerous new books (many by well-known academics) that use complicated scientific language to explain how UFOs exist or AIDS comes from outer space, little attention was paid to more subtle aspects of the human mind exposed by this case. Ajarn Koo had claimed that he could contact *phī-pret* (hungry ghosts) and several people I know had gone with him to a remote forest in Udon Thani province to film the ghosts (Thai Rat, 19 May 2000, Matichon, 20 May 2000). They returned with footage of *phī-pret* (before Ajarn Koo was exposed as a trickster) and photos appeared on front pages of newspapers, with stories claiming that there was “evidence” that ghosts exist.

The argument could be made that by exposing ghosts people would consider spiritual truths beyond “mundane” life, but it backfired because ghosts and supernatural phenomena tend to stimulate emotional responses and be of little spiritual significance. The Buddha accepted that various deities and ghosts exist, yet cautioned against getting distracted by such phenomena, since, like seeking magical powers for egotistical pursuits, it can cause attachment and obstruct spiritual growth. Dr. Prawet* (31 May 2000), Ajarn Sulak* (14 June 2000) and Dr. Art-ong* (17 June 2000) were all of this opinion, saying that *phī-pret* exist, but cannot be seen by ordinary people’s eyes, and certainly photos of them cannot be taken. In fact these hungry ghosts may be none other than reflections of humans’ selfish side, projected to the “outside” world and often feared, ignored or simply negated.

4.7 FEAR AS SOMETHING TO BE CONQUERED

Individual fear of one’s “dark-side” requires being confronted for spiritual progress. Classic psychology studies⁵⁵, show that, through “systematic desensitisation”

⁵⁵ E.g. “Little Peter”, a two-year-old whose fear of rabbits and other animals was overcome by the main “object of fear” (a rabbit) being gradually brought closer to him over 40 therapy sessions (Jones 1924).

fears/phobias can be removed. However, if objects of fears are avoided, fears are invariably perpetuated, or they are not given “a chance to undergo extinction” (Gross 1996:160). Regarding facing fear, Jung (1996:20) comments:

“This confrontation is the first test of courage on the inner way, a test sufficient to frighten off most people, for the meeting with ourselves belongs to the more unpleasant things that can be avoided so long as we can project everything negative into the environment.”

Kanchana (1982:34), analysing fear in Thai society, concludes that children fear things (e.g. ghosts) that are “*rai hētphon*” (“without cause/reason”) and such fear continues to affect them as adults. She (ibid:41) argues that historically children have been taught to fear and defer to parents, which has caused fear of anyone in power (thus easy exploitation) and ultimately created imaginations in which fear has no limit. This may sound extreme, but to varying degrees I witnessed such fear in patients visiting healthcare practitioners, including monks, for cures.

Whatever fear, arguably *tanhā*, attachment and ignorant belief in an *attā* cause it. Regarding adverse feelings experienced by the *attā* (whether pain, fear or depression), the root cause is habitual clinging. This is obvious with death, but also exists to less extreme degrees with physical pain and fear of losing self-esteem. Fear, like other emotions, can be *observed* by “the Witness”, and overcome (Section 2.12). However, when individuals are engulfed by fear or identify with it, there is no escape. Facing fear has traditionally been a practice of wandering forest monks who stay at charnel grounds contemplating fear of decay, the unknown and death, to eventually be freed from such fears. Thus, Ajarn Man (cf. Kamala 1997:96) stated: “Dhamma is on the other side of death”. This implies death of the *attā*, and only beyond the threshold of fear of death is the Truth (Dharma) realised. Fear of the unknown particularly affects people struck by illness/disease, and is fed by *avijjā*, or not knowing what causes illness/disease and whether it will go away. Arguably, while *avijjā* frightens, knowledge soothes, so information is “the best kind of therapy”, since knowing more existentially, the more secure one feels, even if it is “bad news” (Wilber 1991:39). When development of insight generates necessary *paññā* to dispel ignorance of *dukkha*’s arising and have faith in methods of extinguishing *dukkha*, fear loses meaning.

In Chiang Rai province, at a mountain meditation retreat centre, I encountered a significant case of fear involving a 43-year-old nurse from CRPH with a Master’s degree from a British university. I observed and talked to her over a one-week period

during fieldwork, and heard opinions of others staying at the centre; run by two monks who heal with herbs and contemplative practices that develop consciousness. The nurse came, having taken time off work, with a friend (a 63-year-old woman also interested in spiritual development) to overcome her fear by intensive meditation and talking to the monks. She had never married because of considerable determination to progress spiritually, and she even alluded to having become a *Sotāpanna* (Stream-Enterer)⁵⁶. Someone entering the Stream flowing to Nirvana "...is certain to attain Nirvana at some time in the future" (Buddhadasa 1989:114), and is no longer bound by self-belief, doubt and superstition⁵⁷. The nurse openly admitted that she had feared ghosts since childhood and had seen ghosts and even felt one touch her. Her mother and four siblings also feared ghosts (though less) and she explained that she had been "taught" about ghosts as a child by family, school friends and watching movies.

Ever since she could remember, her fear prevented her from sleeping alone; thus her friend stayed with her at night. The nurse reported no traumatic childhood experiences, saying that her parents were always very loving to her and her siblings. She had visited a psychiatrist about her condition and been given medication; but, though her sleep improved, her condition essentially remained unchanged. She feared all sorts of things (e.g. future happenings, making mistakes in front of others, insects and the dark). "Anxiety", high self-esteem and high expectations (e.g. attaining Nirvana) all fuelled her fear. She recognised that she had strong feelings of *attā* and said that, though 80% of the time she succeeded in her aims, failure induced depression.

On her second night the monk mainly dealing with the nurse took her, her friend, the monk's "attendant" (a male lay practitioner) and myself to meditate in a charnel ground with the remains of a corpse from a recent cremation, to make her face her problem and contemplate it. Returning from the charnel ground, where being in a group helped the nurse cope with circumstances (not so much the corpse, since at CRPH she had seen mutilation, but the environment where ghosts resided), we met a couple who was visiting the monk. Concerning ghosts, they both described seeing them, and the monk now had three people to convince that no ghosts were around, or more relevantly, they should not be paid attention to.

The next day the nurse said she had been so afraid at night that she could not sleep. The monk's attendant (formerly thirteen years in the monkhood) told me that her

⁵⁶ The first of four "grades" of people who have transcended the world and dwell in *lokuttara*.

⁵⁷ The first three of ten "fetters" (mental impurities) that must be overcome to reach Nirvana.

main problem was conceptual conflict, and her *tanhā* to attain Nirvana while also living in the world with many duties, led to mild *rōk-prasāt*. The monk informed me that her attitude and determination made her face two possibilities: actually attaining Nirvana or becoming mad. The conditions for attaining Nirvana were lacking and she needed to progress step-by-step, so he advised her through “counselling” and “guided meditation”. Each morning, over the day’s only meal, the nurse, her friend, the monk’s attendant and I talked at length about dualistic obstacles of dichotomising Nirvana and Samsara, and benefits of using contemplative knowledge. By the end of her stay, following hours meditating and actively participating in “desensitising” her fear, the nurse felt that, though her old fear was still strong, it had diminished and seeds of hope had been sown. She had been exposed to the “path” (*magga*), but not yet attained the “fruit” (*phala*), freedom from *dukkha*. Her progress would depend on practice and further development of *paññā*.

The above case involved relatively little intervention by the monk, with social and natural environments supportive of “treatment”. Moreover the “patient”, though trained in biomedicine and often seeing things in dualistic and reductionist terms, is a practising Buddhist keen to develop spiritually. Therefore the individual mind, influenced by a modern scientific worldview mixed with culturally-conditioned beliefs in spirits-ghosts, was exposed to Dharmic approaches to overcoming *dukkha*. This form of pragmatic and contemplative Buddhism lies at the core of a living teaching, which to varying degrees informs TTM practitioners. However, often people seek help from healthcare practitioners under differing circumstances, and practitioners are generally not as compassionate and experienced with meditation as the monk above.

4.8 AUTHORITY, DISSEMINATION OF KNOWLEDGE AND TTM’S COMMERCIALISATION

All forms of knowledge come from teachers. Unlike with modern-day conventional scholarly knowledge, many traditional healers studied do not depend primarily on formal means of tuition, such as texts or teachers in schools. Their teachers are one or more of a variety of individuals: grandparents and parents, temple monks, wandering monks, hermits (*reusī*), and other traditional healers. Other “teachers” are “spirit teachers” or “spirits of teachers” (Turton 1991:159), especially that of Mor Shivagakomarpaj, whose picture covers many official TTM textbooks and statues of whom are found in numerous healing venues, including temples where “healing” involves only *thamma-ōsot*. Thailand’s only traditional medicine (though

synthesised with biomedical diagnostic techniques) university⁵⁸, Ayurvedvidyalai, established in 1982 in Bangkok⁵⁹, includes the word Shivagakomarapaj in its full name; and, like numerous other places, students pay homage to this founding doctor whenever they heal. Moreover, there is a commonly-used healing *khāthā*, which invites Mor Shivagakomarapaj's spirit to compassionately help heal, protect and increase access to knowledge and power. This is taught even to Westerners studying massage and recited every morning and afternoon at Chiang Mai's Traditional Medicine Hospital, also known as The Foundation of Mor Shivagakomarapaj. This is one of few officially-recognised centres teaching herbal medicine and massage in Northern Thailand, where every year dozens of traditional healers study to qualify for government exams.

Ajarn Somjai* attributed much of his knowledge to Mor Shivagakomarapaj's spirit coming to him in meditation and teaching him whenever he has queries about specific cases of disease/illness (15 July 2000). While Ajarn Prasart* said knowledge comes to him in meditation from the Buddha, but added that beyond conceptual thinking and conventional knowledge, what comes from the Buddha and Mor Shivagakomarapaj is one and the same (19 July 2000). Another powerful figure associated with healing is "father" of the Royal Thai Navy, Kromaluang Choomporn-kaet-udomsak (1880-1923), popularly known as Sadet-tia. Sadet-tia spent six years intensively studying Buddhism and TTM and became highly skilled at healing (Arthit, December 1999). Nowadays many spirit mediums are "possessed" by his spirit, which channels through them and helps heal.

One such medium (aged 29), whom I visited several times at his large and well-funded "palatial complex"⁶⁰ in Thonburi (c.20km. southwest of central Bangkok) is so successful that hundreds of people visit him almost every night seeking cures for various diseases/illnesses. One night, with approximately ninety people preparing themselves outside to be covered in *nām-mon* by him, the medium (possessed by Sadet-tia's spirit) answered questions of mine on Dharma in a manner comparable to a senior monk with years of study behind him (15 December 1999). This was a few days before Sadet-tia's 119th birthday, when a large ceremony/celebration took place with 4,000-5,000 people, including a naval band and several sailors from the Royal Thai Navy (Figure 12).

⁵⁸ At the time of writing a college, also in Bangkok, which will likewise offer degrees in traditional medicine, is being established.

⁵⁹ Under the auspices of the Thai Supreme Patriarch and Princess Royal Maha-Chakkri Sirindhorn.

⁶⁰ An opulent venue with temple-like decor and several shrines.



Figure 12. A spirit medium (centre) as Sadet-tia on his 119th birthday (19 December 2000).

The medium also said that if I myself really wish to heal successfully I should always think of Sadet-tia, Luang-poo Suk⁶¹ and Mor Shivagakomarpaj, thus establishing connections with these noted teachers. Through such links, healers can "...draw on the power of their teachers and lineage of teachers" (Tannenbaum 1987:701). Golomb (1985:229) proposes that when "teachers" come to practitioners through knowledge from texts, the universal Thai preference for ancient magic texts reflects belief in the superiority of temporally distant magicians and their techniques.

The above examples show the significance of teachers, either very powerful themselves or with links to a distant past where all knowledge came from one original teacher, with all the answers, and thus worthy of great respect (Brun and Schumacher 1987:207). Ultimately these teachers transcend barriers of time and space, and knowledge associated with them legitimises authority of healers in the eyes of people seeking their help, though the healers may not have formal qualifications. Therefore, "government certification" is relatively unimportant for healers and their clientele compared to a "ritual or supernatural reference point" (Cunningham 1970:9). Although this is less so now than as little as a decade ago, it often still applies to traditional healers, unlike biomedical practitioners. Nevertheless, three types of official exams exist and these have become more in demand, especially by younger healers. Passing the exams leads to licenses in:

1. pharmacy (*pēsachakam*),
2. general medical theory (GMT) (*wēchakam*),
3. midwifery/obstetrics (*kān-phadungkhan*).

There are also certificates attainable after taking massage courses, but the government is less concerned about regulating this form of therapy and many reputable private centres exist. Most-controlled are pharmacy and GMT, and their exams are considered challenging for TTM practitioners. A qualified or licensed pharmacist can legally make herbal concoctions and run a shop selling traditional herbs, a potentially-lucrative business requiring quality control, and thus official regulation. One qualified in GMT, attainable after becoming a licensed pharmacist, can diagnose patients and offer various therapies, including advice on diet and lifestyle.

Pharmacy and GMT exams are usually taken after approximately one year and three years study respectively. However, many practitioners take exams repeatedly,

⁶¹ A famous healing monk and one of Sadet-tia's main teachers.

some not passing after 5-10 years. Included in this group are recognised “experts” who even teach at the MoPH. Many are simply unfamiliar with the format of exams and modern ways of intellectualising knowledge, by adopting particular classifications and hypothesising or reifying medical contexts without tangible manifestations. Moreover, some complain that to pass exams one needs only memorisation, while ability to deal with herbs (*vis-à-vis* a “hands-on” approach) is not tested. Certain more-elderly practitioners are simply uninterested in exams, knowing their memories might fail them (though they are confident that in practical situations they know the appropriate herbs to prescribe patients) or because they are barely literate. Certain Northern Thai practitioners, like ones in other peripheral regions, commonly cite differences in herbal nomenclature between Central Thai (the language of official exams) and Northern Thai as an obstacle.

In Chiang Rai province only ten of several thousand existing practitioners, were certified (one in GMT, the remainder as pharmacists) shortly before I left Thailand and talked with Preecha Kaewkhampa, the MoPH official responsible for documenting these matters (28 July 2000). This is exceptionally low compared to 1978 MoPH nation-wide figures cited by Brun and Schumacher (1987:229), when there were supposedly 19,518 and 34,497 healers holding pharmacy and GMT licenses respectively⁶². Nevertheless, the figures were cumulative and included people who were “dead or too old to practice” (ibid:229).

Looking at *increases* in numbers of licences over 1972-1978, the figures were 3,837 and 5 respectively⁶³ (ibid:230), this may be because “there is money in being a traditional pharmacist” but not elsewhere (ibid:236). The latest nation-wide figures are currently unavailable because the NITTM is moving to a new location within the MoPH and much documented information is inaccessible. However, my experiences, especially in Northern Thailand, and visits to the NITTM, suggest that recent increased interest in TTM and the coming NITTM bureaucratic overhaul, will soon mean rising numbers of qualified healers.

The general MoPH policy is relatively *laissez-faire* regarding uncertified practitioners, especially older ones, as they often provide basic low-cost healthcare services without instigating controversy. Similar situations exist regarding healer monks, who cannot be officially certified or recognised as healers; since monkhood rules forbid involvement in “professions” and “worldly pursuits”. This is purely a

⁶² In midwifery the number was 8,579.

⁶³ 3 for midwifery.

formality (or lack of it), and many monks are known for their skills, especially with herbs, and sometimes actively involved with traditional healer societies. Nearly all districts in Thailand have such societies (often forming part of larger provincial societies or even cross-provincial society networks) that operate as regulatory units with specific codes of conduct.

These relatively-recent developments tend to be welcomed by the MoPH. For instance the Chiang Rai-Phayao traditional healer society, established in 1994, has over 400 members. Ajarn Singkham*, the society president, explained how only 204 members had "official" cards and were registered (with details of their experiences), but some records of other members, such as name and address and main field of practice are also kept (4 May 2000). He said if authorities ever query card-holding members and the issue is not particularly serious, he is telephoned and, depending on healers' existing records, may be able to help.

For those without cards it is more complicated and for healers outside the society (most healers in the two provinces, and generally considered less reputable by society members) they are basically alone if questioned by police. Those healers I met who are not society members, in these provinces and elsewhere, are often farmers with relatively limited TTM knowledge (usually learnt from parents or grandparents) treating people only occasionally and for minor ailments. Some, though, are very skilled, yet they feel no need to join societies.

Ajarn Pichet* is of this propensity. Since first studying with him in March 1997 he has become better known and has constructed a separate hall on his property to treat patients and teach massage. He is uninterested in being officially recognised and relies on guidance and protection from his spirit teachers. Many society members, especially in remote areas, complain about the effort, cost and time needed to attend meetings (often held monthly) and some even doubt whether it is all worthwhile, again a matter of costs versus benefits (prestige, security, new information, etc.).

Financial concerns sometimes strongly influence traditional healers' decisions, which introduces a common concern: TTM's commercialisation. Images of the past created by writers on TTM and all the healers I studied imply healers, though sometimes relatively wealthy and of high status, practised their art out of ethical imperatives and their therapies, beside possible accidents, were natural and safe. This was (and is still said to be) particularly so with herbal remedies that, despite acting slower than modern drugs, had (have) few or no side effects.



Figure 13. Ajarn Pichet*, 1997. The small room he used to teach massage in, with his shrine above him.



Figure 14. Ajarn Pichet*, 2000. In front of the shrine in his new hall where he teaches massage.

Nowadays, various stories of traditional healers mixing their herbs with antibiotics to make their medicines more powerful circulate. For instance, an article in the Post (20 March 2000), reports that the MoPH “revealed”:

“...some crooked merchants have allegedly added modern and specifically controlled steroids to traditional medicines to boost their effectiveness in tackling disease... people with asthma and aches, for example may feel the pumped-up medicine works well and quickly. But the judgement may not take account of the long term effects, which can include osteoporosis [sic.], high blood pressure, ulcers and accumulation of fat in some parts of the body.”

The recommendation was that “one way to avoid such risks” is to “...look for traditional medicines that bear clear FDA registration and the manufacturer’s name on the label” (ibid.).

4.9 SUPERNATURAL POTENCY AND ITS DIMENSIONS

Dr. Carl Taylor said that mixing herbal medicines with antibiotics is a problem in several countries, and many Indian Ayurveda practitioners do it indiscriminately to increase their medications’ potency and generate greater profits, by charging more and acquiring more clients due to perceived greater effectiveness (11 April 2000). In Thailand, cheap antibiotics are likewise sometimes added to herbs and high prices charged, especially for people with apparently intractable diseases like HIV/AIDS, who often gladly try enthusiastically-promoted “wonder drugs”.

The traditional healers I spent time with all assured me that they never adopted such practices. This could imply dishonesty; which is doubtful because of devotion to what they consider a sacred art and my observing many instances of them preparing herbs. Alternatively, and more likely, I was selective in the healers I chose to study. I did meet some healers who appeared to manifest inconsistencies in their beliefs and practices. Yet, concerning “opportunists”, I feel that even if I had searched for them⁶⁴, they would not have revealed “dark-sides” of their practices. Most healers know that mixing medicines means symptoms associated with HIV/AIDS can be alleviated, thus high prices can be charged; but patients’ improvements are usually superficial and temporary, and long-term benefits generally do not follow. Contrastively, certain traditional herbs, like modern medicines, can boost immunity. However, unlike the latter that are generally very expensive, the former, such as *met mara-khī-nok* (bitter gourd seeds) are available locally at minimal cost.

⁶⁴ A potentially-risky venture given that the authorities might have suspected my involvement in irregularities.

Practical reasons prevent the mixing of medicines. Herbalists with knowledge of the *rit* [(supernatural) potency/power] of herbs say that combining them with modern drugs with different *rit* is nonsensical. Golomb (1985:147-149) notes that while biomedical practitioners generally view modern drugs and herbal remedies as medically incompatible, traditional healers feel that modern drugs interfere with herbs they prescribe.

However, this is not always so. Dr. Wang Shengzhong a skilled TCM practitioner, also trained in biomedicine, whom I have known and studied acupuncture with since March 1996, takes a different view. Originally from Guangdong, China, where he attained official medical qualifications, he has treated patients in Chiang Mai (where he now lives) privately and in large private hospitals for over ten years. With knowledge of both modern and herbal medicines he can differentiate between harmful combinations and those without contraindication. He does this using biochemical rationale, based on extensive clinical experience, and, despite not discouraging certain mixtures of modern and herbal medicines (e.g. when he visits patients prescribed modern drugs by other practitioners, while he prescribes herbs), he does not actively favour them.

As for whether *rit* of herbs suffers when mixed with modern drugs, Ajarn Prasart* explained that such mixing is suicidal (17 June 2000). He said that changing the physical state of herbs decreases *rit*, but sometimes (e.g. when herbs are dried for storage) it is hard to avoid. Again when dried herbs are pounded and put into capsules, a further loss of *rit* occurs; but convenience may increase, since boiling dried herbs requires time and specific implements, while capsules can be taken anywhere. He added that modern drugs, such as antibiotics, may have much *rit*; but their concentrated synthetic form means that they may eliminate disease entities *and* more in the organism, causing damage and dangerous side effects. In the long-run, like many others, he feels that they can reduce immunity and natural self-healing vitality; also considered a side effect of pain killers which prevent individuals from practising mindfulness to conquer pain, progress spiritually and “burn off” bad karma.

Ajarn Prasart* favours combining herbs because this harnesses their collective *rit*, more than the sum of individual parts. He says that the MoPH has so far only studied 26-28 individual herbs and their properties and it will take long before they can prove what many healers have known for centuries. He feels that, as some people can actually *see* people’s energy auras, healers with sensitivity can *see* the *rit* of herbs

(something empiricists may argue is a “supernatural” phenomenon) and this has developed their *knowledge*⁶⁵.

Ajarn Prasart* uses the analogy of a thief (the disease entity) causing havoc in a house (the human body) by stealing its assets (energy). *Rit* of one herb can chase the thief, hoping it might be caught; but the thief may evade its enemy. However, when *rit* of many compatible herbs is used, the thief can be cornered in part of the house, all “doors and windows” can be blocked and, unless the thief is stronger than the house and the herbs, it has to submit to the herbs’ superior force. When someone is weak or the disease entity is too strong, nothing can be done and karma determines why that particular person is subjected to specific causes-and-effects at that time.

Regarding whether Chinese herbs can be combined with Thai herbs, mixed reactions exist. Certain healers, including Ajarn Prasart* and Ajarn Chan*, who use Thai and Chinese herbs, say that both have merits, and when used wisely can be combined. Both are produced from the natural energy of the four *dhātu* and the healers feel that, consequently, by understanding and carefully combining the herbs, overall healing *rit* increases. The healers recognise that local soil and climate determine *rit* and medicinal properties of herbs, which are generally suited to the local environment; though several herbs, including ginseng, can be used far from where they are grown and have powerful results alone or combined with local herbs. Other healers are more sceptical and favour only Thai herbs, and sometimes specifically those from their immediate environment. This sentiment is occasionally combined with a strong nationalistic propensity and even a particular identification with and attachment to the local area.

4.10 POWERS OF KHĀTHĀ AND PROBLEMS OF INTENT

In Thailand, like several neighbouring countries, *khāthā* epitomise how the human mind can harness and transmit *rit* to influence phenomena for specific purposes.

⁶⁵ Incidentally, Master Graham Horwood (Section 7.6) mentioned that certain modern scientific techniques (e.g. Kirlian photography which records the field radiation of electricity emitted by objects) show that genetically-modified foods, though similar in calorific content, have no auras, unlike organic foods (14 July 2001). This, he said, reflects their lack of *chi*. Likewise foods altered by canning, refining and preserving, or exposure to high heat (cooking), radiation and synthetic chemicals have their active enzymes damaged; thus, losing their catalytic “spark of life” (Reid 1989:69-74). Dr. Maitree Sootajit, a biochemist specialising in nutrition at CMU, said that modern eating habits, convenience, profits and rising stress are damaging the human organism (19 August 2000). He feels that the best way to prevent increased free radical activity in the body is to avoid processed food, eat plenty of “unaltered” fresh foods, meditate and do activities such as yoga and Chi Gong.



Figure 15. Sign depicting Mor Shivagakomarpaj. This promotes Ajarn Chan's* herbs in front of his compound. Underneath a smaller sign reads that there is also Thai massage therapy, a service Ajarn Chan's* wife provides.



Figure 16. The herbalist Ajarn Chan*. Here are some of his stored herbs and equipment for drying and weighing herb mixtures.

There are two main types of *rit* related to human *cetanā*. Generally, there is *ithirit*, implying a raw form of miraculous power which can be harnessed, and is particularly used by practitioners of *saiyasārt* (black magic) for egocentric or harmful purposes. Here I adopt an “orthodox” Buddhist approach in considering power, since *saiyasārt* is interpreted as “magic” by, among others, Turton (1991:159). This is literally correct, since the word *sai* refers to magic and *sārt* (from the Sanskrit *sāstra*) refers to scientific knowledge; and “black magic” is *sai dam*, while “white magic” is *sai khao*. Nevertheless, this triggers dualisms of seeing things as black (immoral karma) and white (moral karma) associated with *cetanā*, which whatever way leads to *dukkha*. Consequently, said Phra-khru Sathorn Parinyatikit (a teaching monk in Chiang Rai), *saiyasārt* equates to “*lap yang mai tēūn*” (sleeping, not yet awakened), *vis-à-vis* *phutthasārt* (Buddhist scientific knowledge), equating to “*rū tēūn bēūk-bān*” (knowing, awakened, blossomed) (13 July 2000). Furthermore, Luang-phor Khun* said that the Buddha forbade people, especially monks, to study or teach *saiyasārt*, an “evil”, “black” science driven by *tanhā* and ultimately harming others and whoever instigates it (26 July 2000). The solution involves adopting *phutthasārt*; this implies dissolving the *attā* and, in healing, action without expecting merit. Few healers, aside Ajarn Prasat*, could convincingly discuss this topic; though several monks, well-versed in this metaphysical aspect of Buddhism, could.

Turning to *rit*’s second form, it is the more refined *bunyarit*, or power of merit/righteousness, a benevolent force used in healing. This is potentially “ego-less” moral power, as opposed to amoral raw power, which in *saiyasārt* is used for immoral or moral aims driven by egocentrism. Tannenbaum (1987:707), considering invulnerability, power and tattoos among ethnic Shan Buddhists in Northwest Thailand, says Thai “state” Buddhism “...converts the morally neutral power of tattoos, precept keeping, and meditation into an ethical power that people have because of their virtue.” Thus, officials, and others who control resources, stage merit-making ceremonies to “...demonstrate their moral right to continue in powerful positions through acts of generosity and the merit the offerings confer” (ibid:707). That these people often act in obviously selfish ways and exploit others, suggests that the *bun* and power they acquire is unrelated to *bunyarit*; unless *bun* is correlated to material wealth, status and worldly power.

Tannenbaum (ibid:703) also notes that power in Shan contexts is “primarily protective”. Shan tattoos are considered a form of medicine able to prevent and cure disease/illness, but the power they draw upon is essentially morally neutral or amoral.

This power/force drives the world, following *sīladhamma* and supporting the good of the whole (Buddhadasa 1993), and implies dynamic equilibrium of a holorphic nature (Section 2.15). Tannenbaum (1987:705) says access to power depends on meditation, exercising restraint, discipline (particularly keeping Buddhist precepts) and “withdrawal” from selfish involvement in the world, as well as through “...tattoos or amulets and taking refuge in more powerful others.” Regarding cause-and-effect the second way of acquiring power could be interpreted in two ways (though not mutually-exclusive):

1. Power being in the ink and material of tattoos and amulets, since these are “charged” by *khāthā* during preparation.
2. Tattoos and amulets make their owners *believe* that they *have* power or are protected, and this *phalang-jit* (psychic energy/power), like placebos, leads to self-fulfilling prophecies.

When healers use *khāthā* in treatment, a third dimension exists because patients’ faith is also a placebo; arguably the most important element in healing (Chapter 5). Placebos are “culture-dependent” and since modern “...belief in science is shared, science has a placebo effect” (Riley 1977:556). Moreover, *khāthā* can even *charge* modern medicines when there is faith. Tannenbaum (1987:701) does not suggest by what mechanisms power is acquired, though she alludes to the first possibility, stating that *khāthā* have their own “inherent power... but when one learns them from a teacher and treats his teacher respectfully then their power is augmented.” Invariably many prohibitions should be adhered to for power to stay with aspirants, including avoiding alcohol, sexual activity, boasting, killing on holy days and contact with female underwear. This last point shows androcentrism, at least in conventionally-constructed moral terms, in the world of *saiyasārt*; something reflected in mundane life. Women’s menstrual blood (which “pollutes” their underwear and makes it a potential risk) is considered “a source of destructive power” in supernatural terms (Irvine 1982:259). However, there are cases when this is used to benefit society at large (e.g. the legendary Princess Jamatewee from Lamphun, North Thailand, who used her “polluting” power to defeat a tyrant).

When one’s power acquired from “external” means, for instance tattoos, lets one down or protection fails, a system of explanation “almost amounting to apologetics” (Turton 1991:161) is often adopted. The most common reasons for failures

are that procedures during power transferral did not fulfil the right criteria, prohibitions aspirants should uphold were not followed, or ultimately it was just a matter of karma. Monks, such as Luang-phor Khun*, who openly teach that egocentric concerns with *rit* are pointless escapades because they cause *dukkha*, say that *rit* exists; but as part of the conditioned world, subject to cause-and-effect. With humans, *kammaniyāma* (Section 2.10) determines whether one suffers or one can extinguish *dukkha*. Other laws of *Dhammaniyāma* operate, but frequently they are poorly understood, therefore people create their own explanations, often out of fear of the unknown, the basis of *dukkha* (Buddhadasa 1989:1).

To the extent that explanations depend on people's experiential *knowledge*, and consequently are *not* supernatural (unless considered from an empirical perspective), there is nothing wondrous. Yet, when mechanisms are poorly understood or unqualified, *belief* enters the picture, and things *are* supernatural for those who perceive them thus. The distinction being adopted between the "Buddhist" and the "magical" is not intended to be "problematic" or "analytically unhelpful" (Turton 1991:170, cf. Tambiah 1984:361), it rather seeks distinction between nondual Buddhism and popular/folk Buddhism. Popular Buddhism is replete with magical stories and events, as is the "conventional world" of traditional healing. Nondual Buddhism does not negate such matters, they are simply considered not worth being distracted by. The role of nondual Buddhist teachers is promoting understanding of the nature of existence (basic truths of *paramattha-sacca* to help extinguish *dukkha*, not complexities that are indeed *acinteyya*), instead of getting lost in *avijjā* and the multiplicity of phenomena (with limitless *sammuti-sacca*).

One obvious question is, if one suffers whenever one *intends* to heal, what is the point in healing? Here dualistic paradoxes introduced in Chapter 2 (such as, without an *attā*, how can one do anything?) resurface, but developing *paññā* makes them less relevant. Returning to how Ajarn Prasart* heals, it could be described as simply doing one's "duty" to help others. Therefore, when I witnessed his healing and later discussed it with him, he explained that even when using *khāthā* (e.g. to heal broken bones) he focuses on a *khāthā* and the patient, projects the *khāthā*, then releases it. That is the end of his work using *rit*, though he still has to teach the patient and possibly give follow-up treatments. Consequently, he views himself as purely a medium through which healing power passes, and since the universe has limitless *rit* he does not lose any. If the patient gets better, that is fine, but if she/he does not improve, Ajarn Prasart* says that is still fine.



Figure 17. Ajarn Prasart* in a room for processing herbs.

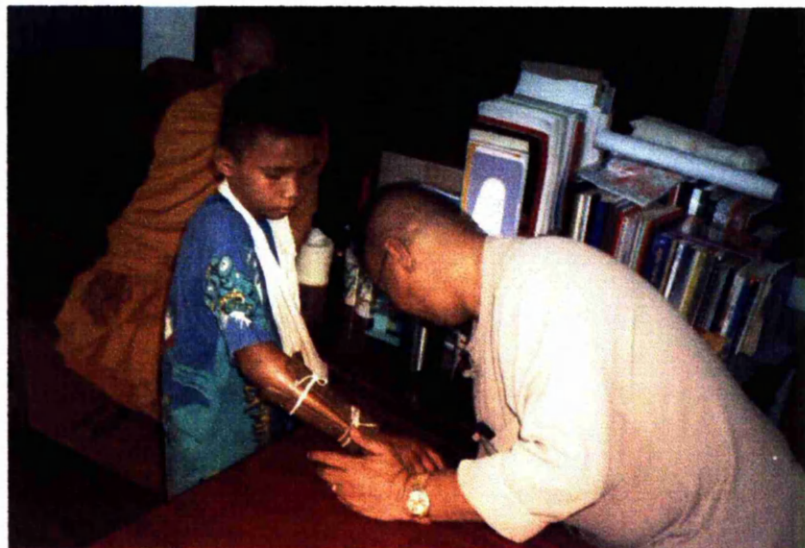


Figure 18. Ajarn Prasart* projecting a *khāthā*. He is also blowing (*bao*) to help heal a fractured forearm of a boy taken to him by a monk. The forearm is bound with pieces of firm board and string. Similar practices, often using bamboo, are employed by “bone-setters”. Like Ajarn Prasart* they apply oil to the skin charged with *khāthā* to assist in healing.

This might cause one to conclude that Ajarn Prasart* does not care about his patients; but such confusion would be due to cultural conditioning, not understanding nondual Buddhism or my own shortcomings in description. The word “fine” may trigger dualistic thinking, thus Buddhadasa (1993:122) favours “normal”, implying things being just the way they are (not opposed to “abnormal”). This normalcy accords to *sīladhamma*. Morality and normalcy in this sense mean that which is “balanced” (ibid:124). In nature, like in the human body, dynamic balance exists and things keep going by the interaction of the two forces inherent in holons, until they decompose and their elements are transformed into another state. However, on the level of mind (beyond empiricism) there is balance or stillness that transcends the relative world. Because of their inherent duality, words cannot describe it, while the intellect cannot comprehend it; but it can be *pointed to*, and ultimately *experienced* when the mind stops clinging.

The healing power of healers is not really theirs, thinking otherwise would be a manifestation of *avijjā*. Attachment to power may cause loss of power, and there are many cases of healers becoming sick because of losing power (Sections 5.7 and 6.6). In Dharma practice, once the mind is purified and the sense of *attā* conquered, the aspirant “becomes endowed with various supernormal powers” (Thera, N. 1983:164). In fact *virīya* (energy) is one of the Seven Factors of Enlightenment which can be meditated on with “genuine wish” to cultivate that very quality (Rahula 1998:74-75). All other practices leading to this stage are mere formalities, even bowing to the Buddha or paying respect to teachers are “empty” and just serve to focus the mind on something seen to have meaning which helps diminish the sense of *attā*. This is why faith and particularly belief, though useful in initial stages, should ultimately be developed into knowledge and *paññā*. The Buddhist precepts are followed to create *conditions* for further development, thus moral thoughts and actions are favoured. It is a matter of the mind’s health (which affects the body’s health). Consequently, Ajarn Man taught that:

“...to preserve and promote [the mind’s health], the wise man should be aware of his own mind-conditioners - his thoughts and his moods - differentiating the malevolent from the beneficial. Malevolent thoughts and moods destroy health, sapping the strength of body and mind, whereas beneficial thoughts and moods promote their health with a pacifying and purifying effect” (Boowa 1982:77).

Seeking conventional explanations for healing often causes misunderstandings. A university lecturer and Director of the Museum of Health in Surabaya, Indonesia, Dr. Haryadi Suparto, with whom I regularly discussed such matters in April, 2000, while in the Philippines (Section 1.4), said much about knowledge and power in healing. A

mathematician and statistician by academic training, he studies healing involving *tenaga dalam* (Indonesian for “internal power”) and talismans. He says that to begin developing *tenaga dalam* one must completely forget about rational explanations and treat the matter as a “black-box”, adopting faith and belief. Once power develops, though, one gets particular “feelings” and new forms of knowledge are acquired.

Healers can witness power just as anyone can witness their emotions. Thus, returning to Thai Buddhist healers, many say that even if sometimes they experience emotions, these are purely accepted for what they are: *Ti-Lakkhana*. However, *dukkha* only arises when identifying with emotions, including pride or disappointment following success or failure when healing. The mind with access to nondual awareness just *watches* phenomena, void of attachment to constructed meanings, and there is no *dukkha*. Several healers are aware of this, but whether consciously or not, many speak in apparently egotistical ways, rating their successes highly compared to others. This does not necessarily detract from their capability to effectively heal; but the perceived results of their healing cannot be seen in isolation from their interaction with, and attitudes of, their patients. This issue is dealt with in Chapter 5, while below how the modern nation is coping with TTM and its history, and traditional healers’ reactions are considered.

4.11 RECENT TRENDS IN THE ARENA OF TRADITIONAL MEDICINE

TTM could effectively imply two medical systems. Officially TTM is a state-sponsored body of beliefs, knowledge and practices that fulfil certain criteria, while beyond that conceptual, technical and legal framework it exists as a diverse entity. In Thai, *phēt phēn-borān* (literally ancient/traditional medicine) commonly describes TTM in its broad context. However, objections that this suggests an outdated system lacking capacity to develop, led to *phēt phēn-thai* (literally Thai medicine), usually translated as TTM, being adopted and promoted by the MoPH. Thus, Sawapa et al. (1996, cited in Mali 2000:1) argue, its status was raised to the level of “Chinese Medicine”. This reasoning holds little weight, considering indigenous Chinese medicine is both officially and commonly called TCM. However, it reflects that, *vis-à-vis* China (and to a certain extent India), the Thai government had long neglected traditional medicine. The name change also served as a break from the past by introducing a more systematic, better-organised and dynamic TTM, fulfilling the

criteria of having traditional legitimacy and being compatible with modern healthcare needs.

NITTM, attached to the MoPH's Department of Medical Services, and now the main official body regulating and promoting TTM, was not established until March 1993. Since then *phēt phēn-thai* has denoted TTM and has been promoted. However, before changes in government attitudes towards healthcare in the 1980s, the MoPH, with its "scientific and rationalist bias" (Irvine 1982:47) paid little attention to TTM. In fact, though it makes no mention of its independent dynamism, one NITTM publication (1996a:6) sheds light on official policy by stating:

"For almost a century, Thai traditional medicine had been a nonformal medical system, dormant without continuous support and development on the part of the government."

Before NITTM was established TTM was referred to as *phēt phēn-borān*, and, though not actively promoted, it was regulated to a certain extent with examinations and licences for those wanting to officially practise pharmacy, healing using GMT and midwifery/obstetrics. TTM was taught in several places, the most famous of these being Wat Po, a Bangkok temple with a long history of traditional medicine. Here, in 1957, the Association of Ancient Medicine of Thailand was founded, yet many other schools of TTM (which, unlike it, did not have MoPH recognition) existed and were also active in teaching and awarding certificates to students; though the government was generally not supportive of their activities. In fact Brun and Schumacher (1987:235) state that the following article from the Post (16 September 1974) "clearly shows the attitude of the [MoPH]... toward recruitment to traditional medicine":

"NO GOVT NOD FOR HERBAL MEDICINE

"THE... [MoPH] yesterday announced that it has never supported any schools or associations which give training in ancient medicine.

"Several private bodies, schools and associations have advertised that they can provide training for interested persons who will later receive special certificates for opening pharmacies or for practicing medicine.

"The ministry said it knew nothing about the advertisements and that a special division of the ministry was the only body allowed to issue the certificates."

They (ibid:237) add that attitudes of the government and many Western-trained members of the "medical establishment", and the "dwindling number" of licences in traditional medicine issued by the MoPH:

"...could well be interpreted to show that the ministry actively follows a policy aimed at limiting the number of general practitioners of the traditional school by making

examinations so difficult that students cannot pass them. We cannot confirm that this is a conscious policy of the ministry, but the facts point in that direction.”

With NITTM, the situation may have changed, though many challenges still lie ahead. For instance NITTM director Dr. Pennapa* said that it is difficult to make most MoPH policy-makers accept TTM, and recently expansion of NITTM activities have been hindered following reduced funding due to the mid-1997 crisis (4 September 2000). Nevertheless, during 1994-1997 the number of Provincial Health Offices (branches of the MoPH) with TTM “development activities” increased from 32-75 (full coverage), while by 1997 some 71 (10.2%) of the Thailand’s 695 community hospitals had “integrated” TTM into their services (NITTM n.d.:33). This trend follows the ideal of what the seventh and eighth National Health Development Plans (1992-2001) herald as a “Decade of TTM”, in which:

“The overall objective is to preserve... [TTM], the national heritage and wisdom of Thailand, besides developing it to become an integral part of the present national health care and primary health care system, leading to self-reliance within the health care delivery system both at national and community level [sic.]” (NITTM n.d.:19).

TTM, defined by NITTM, means: “the traditional philosophies, bodies of knowledge, and modes of practice to care for Thai people’s health and cure their diseases and illnesses, which are congruous with the Thai way of life and Thai culture” (NITTM 1996a:7). This approach to TTM is said to focus on the value of old texts and the transmission of knowledge from “forefathers”, while claiming to be a holistic system, working to achieve balance in body and mind. Not all healthcare workers, academics and traditional healers are content with official views of TTM, since they (particularly those in peripheral regions) feel it is just another form of homogenisation and domination of Central Thai culture within national boundaries. Consequently, they tend to refer to TTM as a diverse group of different *phēt phēūn-bān* (local community medicines) and emphasise local beliefs, rituals and practices (Mali 2000:3). Standardised MoPH TTM exams favour the Central Thai model, particularly by adopting Central Thai names and concepts related to medicinal herbs. In rural areas of peripheral provinces different dialects/languages are spoken and therapies practised, many related to beliefs in supernatural powers.

People living in “local communities” away from towns/cities (especially Bangkok) often favour healing provided by traditional healers adopting practices of *phēt phēūn-bān* rather than *phēt phēn-thai*, and traditional healers cite this as a reason for resistance against the government-sponsored latter. Having said this, I observed cases in government healthcare centres where traditional healers were working under

the auspices of *phēt phēn-thai* projects and treating patients in ways not included in official documents nor tested in official exams. This was especially so in the Mae Orn Sub-District Hospital in Chiang Mai province, where a nurse proudly stated that this is the only hospital in Thailand with such diverse TTM therapies (1 November 1999). There I talked to a healer specialising in *hēk* treatment (Section 4.5) working at the hospital three days a week, who spoke about *rit* and supernatural phenomena in ways that might have shocked MoPH policy-makers. He, like many other healers working part-time in government healthcare centres, was not licensed and considered himself too old to study formally and pass exams.

Even within the *phēt phēn-thai* framework there is often flexibility to adopt healing techniques far removed from what is taught in official texts. Dr. Pennapa*, who favours involving retired civil servants across Thailand in TTM (KTT, 31 March 2000) stresses that NITTM's objective is not to eradicate *phēt phēūn-bān* practices incompatible with the general rubric of *phēt phēn-thai*, since each region has distinctive cultural traditions. This issue is actually discussed in the Introduction to NITTM's "Handbook for Practising TTM", where it is stated that *phēt phēn-thai* "includes" *phēt phēūn-bān* practices, and these are recognised specific to Thailand's different regions (NITTM 1996b:10). Rhetoric may not indicate practice. Nevertheless, my experiences with traditional healers, particularly those relying on "supernatural methods" and not adopting "scientific"⁶⁶ reasoning when discussing disease/illness with patients, suggest that they often *fear* modern developments. They appear so accustomed to Asian-influenced holistic modes of thinking (right-brain) that they see biomedicine, with its Western-influenced rational, analytical modes of thinking (left-brain), as segmented, rigorous and revealing, and ultimately harmful to their traditional way of life.

Those confident in their knowledge through analytical thinking, balanced by faith in their teachers and an understanding of integral health, seem less concerned about biomedicine being a threat, other than it not accepting TTM and ignoring benefits of integrating the two systems. Even those without licenses are not so bothered about government pressure, actual or perceived. This is often reflected in attitudes of more liberal healthcare officials, aware of the inherent ethical nature of such individuals, and their success in healing. Generally, the potential status, security and financial rewards of being licensed or employed at government healthcare centres are factors many healers consider, but are counterbalanced by possibilities of having to compromise in the techniques they feel free to adopt. Herbal medicine is potentially the area of greatest

⁶⁶ Based on cause-and-effect, associated with knowledge (*vis-à-vis* mere belief).

concern but least contention (KTT, 22 September 1999). The concern is that limited regulation, whether jural in conventional (i.e. FDA involvement and quality control) or ethical (i.e. *sīladhamma*) terms, may lead to opportunism and worse health by any standard. The lack of contention is that quality should actually improve, despite threats by powerful pharmaceutical companies with access to traditional herbs who might undercut prices healers charge to sustain their activities, and out-perform them with more comprehensive marketing and distribution strategies. Although the legal framework can be tightened and TTM schools can teach morality, a true understanding of *sīladhamma* cannot be attained by force or imposition. Consequently, the main problem in society is education or teaching in general (Chapter 6).

Concluding about tensions between tradition and modernity, though TTM and biomedical knowledge are based on different premises and their practitioners often have different attitudes to sickness, there are movements within the biomedicinal sector, including the MoPH, that favour using TTM. Concerning actually integrating TTM into the national healthcare system, many challenges are still ahead, particularly risks that TTM may be forced to develop into a more empirical system with greater emphasis on physical disorders. The latest statistics (NITTM n.d.:34-35) show that in 1997 official TTM, as practised at public health service offices, offered the following “treatments” (with percentage of cases treated):

Herbs	6.89%
Single herbs, 86.97%	
Recipes of traditional drugs 13.03%	
Massage	49.17%
Herbal steam bath	24.17%
Hot herbal compression	19.04%
Others	0.74%

For “diseases and symptoms” related to:

Respiratory System	18.87%
Dermatological System	5.58%
Gastro-Intestinal System	14.38%
Musculoskeletal System	31.09%
Urinary System	0.12%
Others	30%

These figures by no means represent what traditional healers actually practise across Thailand; but show that, even given NITTM’s “good intentions”, TTM is being forced to adopt biomedical terminology and somatic reductionism (cf. Kleinman 1980). It may seem that “...traditional medicine is being swallowed up by the modern - the unpalatable parts being spit [sic.] out or remaining undigested” (Brun and Schumacher

1987:239). However, there are signs that certain places (e.g. the Mae Orn Sub-District Hospital) adopt more liberal approaches to TTM, letting it almost regulate itself via community supply and demand.

Another case is the Phayamengrai District Hospital in Chiang Rai province, which under the auspices of its director, Dr. Thara Onchomchant, by the late-1990s was Northern Thailand's best-known example of integrating TTM and biomedicine. Yet, despite the hospital's successes, when I first visited in October 1999, Dr. Thara, after nearly fifteen years promoting herbal medicine and massage in district hospitals (Thara 1998:19), still faced an uphill battle convincing policy-makers to invest more in TTM and integration. Dr. Thara died in April 2000 and it seems that his efforts now risk being undermined. For instance, local traditional healers I spoke with shortly after his death were unenthusiastic about facing MoPH officials to promote their interests without his backing.

Regarding the extent to which individuals can become more aware of integral health without dependence on medical practitioners (traditional or modern) the implications are twofold. First, people may be self-reliant in preventing disease/illness and maintaining health, and second, if they become unwell they may not fully understand available therapeutic options and their potential benefits. Nowadays, knowledge of TTM's Buddhist-informed underlying principles and practices conducive to integral health exists⁶⁷, but may be hard to find. Ajarn Pinkaew* said that this reflects the state of society (6 September 2000). He mentioned that people tie up strings (get ill), then have the strings untied (are cured), but they cannot keep the strings untied by avoiding *avijjā*, so they tie up the strings again. This carries on and "*khon dī nī pā, khon bā khong mēuāng*" ("good people flee to forests, while mad ones rule the civilised land"); implying that immoral, corrupting forces are harder to avoid and good people are forced to the periphery, thus offering only limited help to change society. Patience is needed, he said, since this promotes learning through experience about what one feels is both "inside" and "outside", but is actually just one-and-the-same truth. Only then, he added, can one attain integral health and effectively help others learn, even if it appears to be an uphill struggle.

As for learning to become self-reliant in integral healthcare and serving others, this depends on individual effort, because of the nature of human minds. The Perennial Philosophy emphasises transcending feelings of *attā*, and paradoxically only the self can do that. So, as development continues, this thesis turns to the health of individuals and how they act within society.

⁶⁷ Including understanding herbs, massage, exercise and diet, as well as meditative approaches to mental, societal and spiritual health.



Figure 19. The future NIITTM site at the MoPH. Delays in construction mean that at the time of writing it is not yet completed.



Figure 20. Massage therapy at the Phayamengrai District Hospital.



Figure 21. Ajaru Somjai* (second from left) with other healers. Here inspecting a modern device for producing herb capsules at the Phayamengrai District Hospital

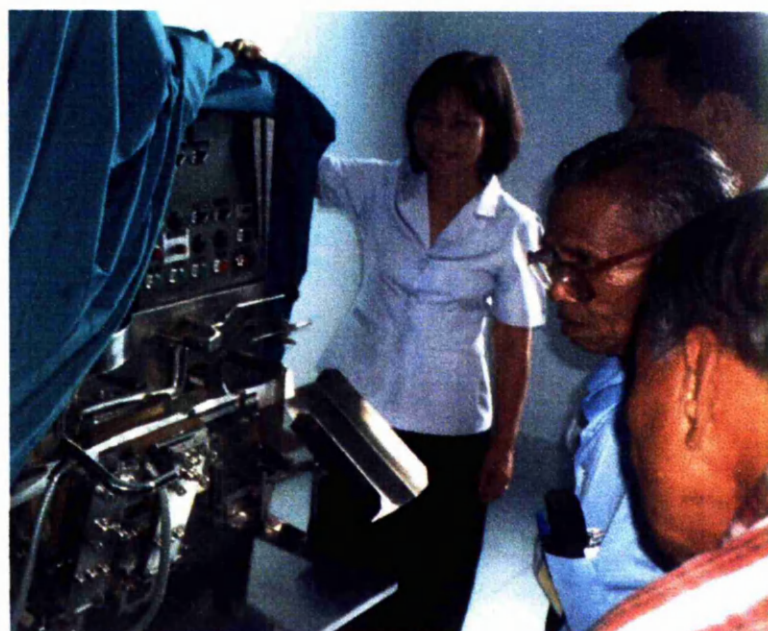


Figure 22. New machinery for processing herbs. At the Phayamengrai District Hospital.

CHAPTER 5

INDIVIDUALS IN INTERDEPENDENT SOCIETIES

5.1 INTRODUCTION

As discussed in Chapter 2, critics of Theravada Buddhism often erroneously consider it a selfish venture, in which individuals focus on their own salvation more than helping others. Reacting to such criticism, main informants commented that, as Buddhism's universal chant/prayer: "may all beings be free of suffering" states, egotistical thoughts are not encouraged in any Buddhist teachings, and only *avijjā* causes a sense of individuality and lack of holism. This counters standard reductionism in much modern science and medicine; yet it agrees with what certain pioneering scientists propose, such as biologist Mae-Wan Ho. Here, using findings from her research and concepts introduced by eminent physicists and philosophers (including Schrodinger and Whitehead), she (Ho 2000:23) discusses a basic truth of the Perennial Philosophy in a manner more acceptable to modern scientific inquiry:

"Think of each organism as an entity that is not really confined within the solid body we see. The visible body just happens where the wave function of the organism is most dense. Invisible quantum waves are spreading out from each one of us and permeating into all other organisms. At the same time, each of us has the waves of every other organism entangled within our own make-up.

"...We are not isolated atoms, each jostling and competing against the rest in a Darwinian struggle for survival of the fittest. Instead each of us is supported and constituted, ultimately, by all there is in the universe... In this entangled universe we cannot do violence to our fellow human beings or our fellow inhabitants of the Earth without doing violence to ourselves. And the most effective way to benefit oneself may be to benefit others."

Despite the entanglement, Luang-phor Khun* notes that without attaining a degree of self-sufficiency, people cannot effectively help others in the long-run. Consequently, the significance of working on *both* the subject (*attā*/self) and objects (others) to integrate the two, understand their mutual interdependence and move from dualistic thinking to that which transcends it. Self-sufficiency in the context of helping others implies anything from material and technological support in basic needs

assistance to intellectual and transcendental knowledge in guiding others to reduce *dukkha*.

Of a similar opinion is Phra Pongthep*. Though a monk committed to his own spiritual development, he stressed that this cannot be divorced from his many activities teaching groups (including schoolchildren) about socially-engaged Buddhism (13 October 1999). He said that before participating in effectively-didactic social work, which contributes to attitude changes, one needs the four *Brahmavihāra* (Section 3.9). *Mettā* makes one pity others or see everyone affected by *dukkha*; however, this is not enough to provoke action. For that, one needs *karunā* (to feel the drive to help others) and *muditā* (so one is not distracted by jealousy of others' successes and can work harmoniously with them). Nevertheless, Phra Pongthep* mentioned that these three prerequisites are insufficient to guarantee *upekkhā*. The way to reach this final condition is adopting *vicarā*, and *paññā* generated by realising *Ti-Lakkhana*. Thus, one becomes emotionally self-reliant and able to effectively help others. This approach emphasises "self-power", where one's own powers of awareness are used to break through the *attā* to a larger identity. However, it is effectively no different from "other-power", where one surrenders to the nondual "Self", since in both cases "...the ego is undone and the Self shines forth" (Wilber 1991:97-98).

During a later meeting and long discussion Phra Pongthep* spoke of the relevance of mutual help, for individuals, local communities and nations (24 August 2000). He mentioned how Thais often complain about exploitation from more robust economic powers (e.g. the US and Japan) but Thai investors engage in similar exploitation in poorer countries, like Laos and Cambodia. He added that, since everything is interrelated, each person should realise "*jit neuk-theung suan-ruam*" ["the (individual) mind considers the collective (all minds)"] and change their attitudes governed by "insatiable craving" and consumerist mentalities. Otherwise, he said, exploitation would never end; and if, for instance, the US was the last country left on Earth and "you" were the last person left in the US, then the one experiencing the most *dukkha* (caused by all the greed) would be "you". Thus, he proposed that everyone should have *mettā-karunā* towards even the exploiters, for they are largely conditioned by their social environment; and everyone, especially the most socially conscious, should do their part in changing basic attitudes. He added that it is not about changing leaders, such as the then US president Bill Clinton, because millions of people voted him into power. The voters or general citizens have to first-and-foremost change themselves.

5.2 BEYOND MATERIALITY TO HIGHER LEVELS

Commenting on the four *Brahmavihāra*, Payutto (2000:747) stresses developing *upekkhā*, for without it, *mettā* (the foundation for *karunā* and all compassionate action) obstructs the development of *paññā* and general spiritual progress. Thus, in helping others, or getting involved in social work, welfare projects or healing activities, one should develop the mind to work effectively and avoid being troubled by *dukkha* of others.

The same applies to individuals working on themselves to develop consciousness, but here “pathologies” causing *dukkha* may occur. Recent findings in transpersonal psychology may assist in understanding these pathologies and overcoming them. Many theories seek to explain general psychological development, such as Erikson’s psychosocial theory of development, and the development theories of Freud, Jung, Piaget, Vygotsky and Bruner. Yet, for sake of greater applicability to the world’s great mystical traditions, here the “Great Chain of Being”, and the levels of body, mind and spirit (Section 2.15) are adopted.

In biomedicine, biologists and physicians, and psychologists generally deal with what is physical and mental respectively; while the spiritual is dealt with by theologians (studying the subtle soul) and mystics (considering causal spirit). In TTM the three levels and who deals with them are less-clearly defined, though generally traditional healers deal more with “lower” levels, while monks, nuns and lay meditation teachers, seeking the root of *dukkha*, deal more with “higher” ones.

In consciousness development, progress from identification with lower to higher levels or stages, involves moving from the least to the most developed and integrated stage, until all is transcended in nonduality. The format of Wilber et al. (1986) suggests that at each stage the *attā* identifies with that stage. However, for further development the *atta* must “...differentiate from the lower stage, identify with the higher stage, and then integrate the higher with the lower” (Wilber 1991:183). When in consciousness development persistent difficulties at particular stages exist, various pathologies arise (e.g. psychoses, borderline syndromes, neuroses and existential crises). In Buddhism these simply cause *dukkha*, but may stimulate further development until nonduality is realised and the sense of *attā* dissolves.

Looking at the increasing human trend of projecting things outward (rather than taking responsibility for one’s life situation) and concern with the world of the senses, Buddhadasa (cf. Swearer 1989:73) comments:

“A person who sees only the ‘without’ fears only physical illness - bodily ailments, diseases, aches and pains. We are quite unaware of non-physical illness, mental disorders, which are far more dangerous, and we are unaware that common bodily ailments are often a result of mental disorder...”

“Mental ailment comes first in the form of anxiety... from [clinging and] mistaken ideas, false views regarding the things of the world... The only medicine to control mental disorders is dhamma. With dhamma, ninety-nine per cent of illness could be eliminated.”

Buddhadasa (1985:6) elucidates this point by calling the Buddha a “Spiritual Doctor” and classifying disease into two categories, “physical disease and mental disease”. Mental disease in this context implies an illness of view and *tanhā*, or that which concerns subtle aspects of the mind that becomes ill through the power of defilements and *avijjā*. Thus, to avoid confusion with “ordinary mental ailments”, with their “base in the body”, including the brain and nervous system, Buddhadasa (ibid:6) proposes adopting “spiritual disease” for what was considered “mental disease” in the Buddha’s time, and seeing physical and mental diseases as both being bound to the body and identification with it. Putting conventional physical and mental disease into the same category accords with Dubos’ (1968:64) statement, “...almost every disease involves both the body and the mind, and these two aspects are so interrelated that they cannot be separated one from the other.” Nevertheless, following the generally-accepted division into body and mind, this perspective is adopted, especially when considering interactions between patients and healers below. Concerning spiritual disease, Buddhadasa states that it affects all people (1985:7), and Dharma deals with this by curing illness affecting “truth-discerning awareness” or “...that which knows our life and world as they truly are” (ibid:36).

People nowadays are largely concerned with “bodyism”, or gross, sensory, empirical realities, evidenced even by NITTM adopting apparent somatic reductionism (Section 4.11), and such thinking binds them to the lowest level of consciousness development. Furthermore, often only when people become unwell are they really aware of health issues; otherwise they give them little thought, as there is a sense of relative wholeness, albeit generally restricted to the *attā*. However, in nondual terms, unless one reaches *dukkha*’s root cause, illness will always exist. This approach considers health from a *sīladhamma* perspective, whereby when things function “normally” the mind with access to nondual awareness sees no illness, despite conventional ills of the world. Thus, physical disability in particular is not something “abnormal”, as causes-and-effects continually interacting bring it about, like all other phenomena. Again conditioning from the social environment or interdependence with

others plays a major role in influencing people's ability and motivation to develop spiritually.

Six of the traditional healers studied have physical disabilities, but these appear to not affect their equanimity. They are Ajarn Tong*, whose childhood polio affects his walking and manual dexterity; Ajarn Chan*, blind in one eye; Ajarn Pinkaew*, with a hair lip and a missing thumb; two blind masseurs; and one midwife and ritual expert with a missing arm from the elbow down. Contrastively, all the biomedical practitioners studied are physically more "complete", and invariably dress and behave in a more "professional" manner. This accords with their work environment, while most of the aforementioned healers live in relatively remote rural communities with people less concerned about image and individualism.

Modern ideals of physical beauty and perfection, shaped by advertising images and general media-influenced attitudes, make it difficult for individuals to break free from the conditioning effects these can have on their states of mind. This adherence to the superficial or gross level is a major obstacle to recognising profounder realities beyond *sammuti-sacca* and embarking on paths of spiritual development. Here is the ideal situation, whether in rhetorical terms or in the practices of certain aspirants. Nevertheless, as discussed in this chapter, among Thais or any others this rarely occurs. So to see how main informants feel individuals "fall short" of ideals, cases of interaction between those who seek help and those who help are considered, as well as perceived reasons for why individuals and groups become ill or are dissatisfied with existing circumstances.

5.3 CLINGING AND SURVIVAL INSTINCTS

Phra Pongthep* feels that regarding the general arena of social action, nowadays many individuals and organisations that help the needy work in increasingly-competitive environments, where survival has become their main *raison d'être*. He proposes that thirty years ago, when NGOs in Thailand began developing (mainly due to the Thai government's shortcomings), general motives of sacrifice and wanting to help society were at the forefront. Today, he says, the main motive is less associated with welfare and helping than basic desire to justify the existence of NGOs and maintain them as organisations; thus, abundant bureaucratic procedures, less effective social action and even conflict between NGO proponents. He feels that monks, or people with similar mentalities and lifestyles, are best suited to helping others, since they can survive with few resources and need not worry about organisations. This

allows them to perform work based on purer intention and help train others in the non-egotistical thinking that promotes effective social action and spiritual development.

Ajarn Pinkaew* feels similarly, but said that traditional healers should work on their minds even more than monks, because of their continual interaction with patients and having to be receptive to diseases/illnesses of others (28 October 1999). He emphasised how the four *Brahmavihāra* should guide healers and those wishing to help others, as they are more significant than the various Buddhist precepts and are relevant human virtues independent of religious propensity. Having already used his own funds to set up a “factory” employing about twenty local villagers that grows and processes herbal medicines with several machines, he is yet to fulfil his objective of establishing a school for training traditional healers.

Foremost in his mind is teaching the four *Brahmavihāra* as the basis of all knowledge and practice, since this develops the ability to sensitively “feel” the “flesh” (tangible) and the “heart” (intangible) aspects of patients, and know how to effectively cure them. He also mentioned that, just as monks should not leave temples to find people of faith, healers should not seek people with diseases/illnesses. Ajarn Pinkaew* favours patients coming to his home, unless they are very unwell and cannot travel, since this signals respect to the healing tradition and makes patients more pro-actively involved in healing. However, he said that when individuals cling to *tanhā* for health and good fortune, *dukkha* always arises. Consequently, one should not be overpowered by inherent animal survival instincts, but refine them into *chanda*, and integrate them with human capacities to “let go” of egocentric drives. Clinging to survival instincts causes fear of losing life and all that comes with it (cf. the nurse in Section 4.7).

The traditional healers I spent time with generally treat patients at their homes, where they have their own “*tī-bucha sing saksit*”, shrines with sacred artefacts where respect is paid⁶⁸. These include objects such as statues of the Buddha, Mor Shivagakomarpaj and other people or deities traditionally revered by healers; flowers; candles; incense and photos of respected figures (including the current Thai King, famous monks and family elders). The healers all feel that their shrines promote healing, by acting as “reference points” with strong *rit* (“other-power”), or where they can reflect upon their teachers and gather their “own powers” to heal others; who when near the shrines might benefit from “other-power” or their own “self-power”.

⁶⁸ Sometimes located in separate rooms and sometimes in a corner or at an end of a room where they undertake healing.

Interdependence of entities, conditions and manifestations (including power/*rit*) renders separating the roles of healers, “other-power” and patients in healing difficult. However, no healers disagreed with the commonly cited statement: “whoever does/makes an act/karma, receives the consequences” (Section 3.8.4). Karma also operates collectively, thus working with others (e.g. in community development projects) is important. Nevertheless, because of strong feelings of *attā*, many healers, including Ajarn Prasart*, Ajarn Pinkaew* and the healer discussed below, favour patients playing a central part in the healing process. This serves to empower them and activate and employ of their self-healing *rit*, *phalang-jit*, placebo, or whatever.

The above reasoning assumes organic views of life (*vis-à-vis* mechanical views often held by biomedicine) and emphasises “natural vitality” of human organisms, which the mind can harness and augment. Taoist medicine (similar to Buddhist healing) considers the following:

“...in applying medicine to a patient... the beneficial range of medicine helps 5% to 25%... [or] if a person is sick he uses 75% of his own healing strength to heal himself; this power is called the natural vitality of self recovery... Taoist medicine is concerned with the natural vitality of a patient, more than just the symptom of the illness” (Ni 1990b:vi).

The ideal state described by many healers is to never treat patients as passive entities, but fully involve them in healing. This discourages total dependence on medication and focuses on the body’s natural immunity and *phalang-jit*. Integral health in individual terms considers physical, then mental and finally spiritual health, following the development of consciousness, in which higher levels transcend lower ones (Section 5.2). In societal terms, the added dimension of social health exists, involving a healthy environment of interaction and support based on the four *Brahmavihāra*. Spiritual health transcends social health, simply because individuality is transcended and *dukkha* is extinguished. Considering individuals with *dukkha*, this is caused by clinging to some aspect, whether material or conceptual, and only by letting go at lower levels can one progress and tackle the “spiritual disease” every unenlightened being suffers.

5.4 THE PHYSICAL BODY AND HEALING ENVIRONMENT

One case of a patient visiting a healer, but only possible by help from family members (due to the patient’s limited ability to move), provides a situation in which various factors were at play; both concerning self-reliance and interdependence. The

healer is one of the more mysterious characters met during fieldwork, as he does not openly offer information about his background and many local villagers believe he possesses considerable supernatural power, something he never denies. Being a monk, the healer, known as Luang-poo (Venerable Grandfather), should not boast of his powers; but enough of his followers make it known that he has “paranormal” abilities.

Originally from Northeast Thailand, Luang-poo, is said to be about 100-years-old; though people generally agree that he looks and moves like a man less than half that age. I first met him (in mid-2000) where he was hoping to establish a healing centre with royal funding in a rural area about 15km. from Chiang Rai. Over more than a month I often visited his bamboo hut, sometimes talking late into the night and sleeping near him and his attendant. This proved an effective way of acquiring information about his views on health and healing, and also allowed me to witness how he “slept” for about three hours a night. He did this cross-legged, leaning forward with his forearms and head touching the ground (he calls this “*thā kob*”, “frog posture”, and claims it keeps the tendons supple and the body young). He in fact has much knowledge about the functioning of the body and mind, and how herbs can cure humoral imbalances. However, as discussed below, he feels that knowledge of health means nothing, unless it is put in practice; and the problem nowadays is that, with untold modern sensory distractions, people tend to cling to the physical body and lack resolution to actually practise.

Luang-poo says that, though the healing tradition is in his blood (since many of his forefathers were healers), most of his healing knowledge comes from old texts and particularly from meditation; thus, integrating “self-power” and “other-power”. He invariably adopts a jovial disposition when talking to visitors (whether patients or other laity) and much of what he says with others present could be interpreted as anything from supernatural banter to Dharma alluded to by analogies and paradoxes.

On the several occasions I spent alone with Luang-poo, due to my questioning him about various metaphysical and ontological mysteries, he no longer discussed supernatural concepts favoured by local villages, but doctrinal Buddhism and healing. Consequently, when he mentioned the most challenging disease/illness he was dealing with, I decided to study the case. This was especially so because he explained how he had been treating the patient, a nineteen-year-old girl with multiple sclerosis, for three weeks and felt that there was already 45% improvement. In addition, he expected her fully cured within six months.

My own involvement became more than that of observer, since I was frequently asked to massage the patient and my advice was occasionally sought. Monks cannot touch women, and finding out I had experience in massage, Luang-poo was keen that I participated in the healing. As for the girl and her relatives accompanying her, they were glad for any help. In the end I was even invited to her house to treat her in the presence of her mother (a schoolteacher) and aunt (a merchant), and we discussed various matters related to health and spirituality in the absence of Luang-poo, which proved to be revealing.

When visiting Luang-poo, the girl came with at least her mother and aunt, who helped her from her wheelchair to a bamboo bed in front of Luang-poo's hut. When I first witnessed Luang-poo treating her, she had little control in her right-side limbs, and could only stand or move forward with slow and small steps aided. Her left-side limbs were more easily moved, though she had trouble raising her arm. However, everyone agreed that things were much better than when she first visited Luang-poo three weeks earlier and before the seven healing sessions since.

To treat the girl, Luang-poo mainly used combinations of herbs pounded then rolled into pellets for oral consumption; furthermore, he mentioned in the presence of everyone that his herbs had strong *rit*, so they could only be taken in small doses, twice daily. Sometimes he placed freshly-picked herbs on smouldering coals under a bamboo bed and got the girl to lie on it covered by a blanket, so the heat made her sweat out toxins and the vapour from the smouldering herbs entered her pores to stimulate a curative effect (Figure 23-24). The girl frequently stayed for 2-4 hours with Luang-poo, who continuously offered encouragement and often bantered with her and others present, creating a light-hearted atmosphere. This socially-conditioned and psychologically-oriented therapy also appeared to play a significant role in the healing process.

The girl's disease/illness began seven months earlier when she awoke one day feeling achy and by the evening her whole right side was numb. She was taken to CRPH, but no-one could confidently explain why she became ill. She was diagnosed as having multiple sclerosis and stayed in CRPH for four months, regularly being given medication. Her condition remained unchanged, so her mother took her home; since then family members were caring for her. Her father had left her mother several years previously and she and her only sibling (a younger sister) had little contact with him, though he regularly sent her mother money.



Figure 23. Vapour from herbs on burning coals used in treatment.



Figure 24. Luang-poo and the girl. Unable to touch her, he uses an incense stick to apply pressure to energy points. This is also done to points on the girl's arms and legs.

Before meeting the girl, I asked Luang-poo whether he taught her meditation to promote healing. He said that today's youth are generally uninterested in meditation, and this, coupled with their inability to calm and control the mind, spreads to learning his healing art. He has no close students/disciples whom he has significant confidence in, though he has taught basic healing knowledge to some people who practise the art, albeit less effectively than if they were more mindful of Dharma. When I asked him why this is so, he said that nowadays few people have the patience and determination to learn and understand profound aspects of health and healing. Furthermore, most tend to worry because of fearing the future, and thus find it hard to calm the mind. According to Luang-poo, the main causes of all disease/illness are related to the mind, especially stress from fear and worry. This included the girl, a student who studied hard and worried about her future. He said that her posture when she studied before becoming ill exacerbated circumstances. Another factor he felt affected her condition, and people in general, is *tanhā* for excessive eating and consumption of strong-flavoured and often-incompatible foods. This wears out the mind and causes laziness in practising mind control and spiritual development. Luang-poo feels that Buddhism teaches how to help oneself *and* others, so *all* can survive together; but stresses working most on one's own mind, the only thing one has the capacity to truly control.

In diagnosis and prognosis he generally asks questions, and "reads" pulses for men (whom he can touch), but mainly depends on *phalang-jit*. He says that he developed this by learning to live alone in forests and by understanding how nature's rhythms operate. For instance, he observed the behaviour of animals and discovered what roots and leaves are edible, while stilling his mind until there was no sense of *attā*, but he "felt" interdependence of everything. Thus he learnt to overcome fear and see how clinging to the *attā* ultimately causes all human problems. With the girl, he encouraged her to relax, not worry and practice basic breathing exercises to generate awareness of energy in her abdominal region.

Luang-poo felt that her main somatic problem was associated with irregular wind (*dhātu*) energy and particularly her diaphragm not functioning to capacity. To this effect, I pressed points in her abdominal region during massage therapy and did feel blocked energy there. I only heard Luang-poo ask the girl if she thought she would get better once (during the first healing session I attended), and to this she replied affirmatively. Otherwise Luang-poo talked playfully, but with implications of certainty about how she would soon be jogging and back to normal.

Luang-poo also asked the girl to what extent she felt energy moving down her legs, after the first hour of massage therapy. The girl said she felt increased energy flow and I confirmed this, having noticed a change. Luang-poo stated that almost all meditation involves managing energy and moving it in and out of the body, and encouraged the girl to use the standard Buddhist *khāthā* when breathing; mentally reciting “*phut*” on the in-breath and “*tho*” on the out-breath⁶⁹. He also encouraged her to focus on her abdomen and visualise sending energy there when breathing, and, when standing (supported by her mother and aunt), he asked her to try her best to walk unaided. He mentioned that when the girl first visited him, her breath only descended to just below her throat, but now it was on the way to her abdomen. He said this was evidence that her chakras were opening and healing was under way. The signs appeared positive and several visitors who dropped by during the session, with favourable comments regarding the effects of his herbs, confirmed Luang-poo’s healing ability. One was a middle-aged woman who had felt considerable pain lifting her arm for weeks, but shortly after taking Luang-poo’s medicine was completely cured and quite amazed.

5.5 UNCERTAINTY, OBSTACLES AND SEARCHES FOR CURES

All seemed to be going well until ten days later when a friend of the girl’s mother visited me where I was staying and asked me to go to the girl’s house that afternoon. I reached a relatively quiet residential area of Chiang Rai with several tall trees and approached the house, in a compound with three separate houses. There I found some youngsters playing football and a few middle-aged men and women chatting about mundane matters (some drinking whiskey). After first being treated with some suspicion, I was invited to see girl. I entered her house and found her lying on a bed in the living room watching television alone. Her mother and aunt soon arrived. Following exchanged civilities, the girl’s mother showed me wounds on the girl’s right thigh. These, she said, were due to burns from recently lying above hot coals covered by herbs during a session with Luang-poo. The burns were not severe, though fear of infection prompted the girl’s mother to get some cream from a pharmacy. I was asked to provide massage therapy, and did so. From this encounter (and a similar one five days later) things were exposed about the girl’s situation, including how she, her mother and aunt felt, which probably would not have surfaced with Luang-poo present.

⁶⁹ The two syllables forming the word *phuttho* (Buddha, self-enlightened one).

After the girl's leg was burnt Luang-poo gave her mother herbs to apply to the wound. This was done at her home; but, following no improvement, the girl's mother went to acquire the cream (by the time of my second visit the wound had healed considerably). The girl, her mother and aunt all still talked of Luang-poo reverently and the girl was still taking herbs he had given her to ingest. Nevertheless, she had also resumed taking medication given at CRPH for relief of aches, although Luang-poo discouraged this when he spoke of his herbs' *rit* during the first healing session I attended. The girl, her mother and aunt did not say anything about countering Luang-poo's recommendations and possibly they had forgotten them or just did not consider them significant. Instead, perhaps to hide disappointment at the current hitch in the healing procedure, they wanted to discuss Luang-poo's unusual powers and hear my comments. I said that I knew little about Luang-poo, other than that his knowledge of Dharma and healing were substantial; and I tried to discuss the girl's condition and how, through meditation and mindful "abdominal breathing", she could further improve her state. She listened, but seemed less enthusiastic than her mother, who told her to pay close attention because it was relevant to being in greater control of the healing process.

During my second/last visit to the girl's home I again provided massage therapy and spoke at length with the girl, her mother and aunt. I noticed that around the girl's neck was Luang-poo's rosary and was told that it had been given by Luang-poo (the girl's mother and aunt were still regularly visiting him). I was asked to confirm that the rosary had exceptional *rit* and whether I believed that the girl would fully recover within a few months, as Luang-poo had said. To these questions I did not commit definitive answers and tried to bring awareness back to healing in the present moment. In expressing her frustration, the girl's mother told me how they had visited the seventh best TCM doctor in China, but several sessions with him had not lead to improvement.

Sensing fatalism, I remembered my years of acupuncture training with Dr. Santi*, treating dozens of patients with strokes, nervous disorders and various forms of paralysis. It was common to see some improvement in patients' conditions, but, especially after several months with such disorders, further and particularly complete cure was very rare. For instance, a 22-year-old university student in Bangkok I had treated with massage therapy for 1-2 hours daily, six days weekly and over two months starting in late-1996. She had been partially paralysed on her left side since eighteen-years-old and had been operated on at the outset to remove a blood clot from her brain. Getting her to feel a noticeable improvement took over a month, and was not too difficult; however, progress beyond that level seemed unachievable.

The Chiang Rai girl appeared to be at a similar stage. Her mental functions were unimpeded and the physical body, or its imperfection in conventional terms, was the main cause of *dukkha*. In both cases (the Bangkok student and the Chiang Rai girl) there was little involvement in spiritual practice, to cure "spiritual disease", by any family member. In fact on visiting the bathroom in the Chiang Rai girl's home, I noticed pin-up posters of naked women. By some these might be considered harmless, but psychiatrists I spoke to, including Dr Teerakiet*, feel they can influence the subconscious and condition one into believing anything less than physical "perfection" is "inferior". Without a grounding in developing consciousness to higher levels, environmental factors (including interaction with family, friends and colleagues, and exposure to visual images and other sensory stimuli) may condition one into thinking and behaving in conventional, worldly terms. Thus, the following assertion about how people are influenced by the social system in which their physical bodies are located:

"The physical experience of the body, always modified by the social categories through which it is known, sustains a particular view of society. There is a continual exchange of meanings between the two... so that each reinforces the categories of the other. As a result of this interaction the body itself is a highly restricted medium of expression. The forms it adopts in movement and repose express social pressures in manifold ways" (Douglas 1996:69).

Nevertheless, strict adherence to such a view does not recognise possibilities of adopting witnessing awareness (as developed in meditation), and therefore not feeling threatened by social pressure or identifying with emotions which cause *dukkha*.

Before leaving the girl, her mother and aunt, I spoke about not being distracted and swayed by "external" factors, calming the mind, using visualisation and breathing techniques to send energy to all body parts, and ultimately just accepting matters as they are. However, despite faith in Dharma and Luang-poo, they did not appear to understand how these things could be possible. Like many others, they were not familiar with contemplative techniques, or could not reconcile them with knowledge learnt from school and their environment. As for Luang-poo, when I returned to him, he said he was still confident that the girl would fully recover, but warned against clinging to the significance of the body, saying that only the mind can transcend *dukkha*.

At the time of writing, updates about this healing case from Mor Noi* (who knows the girl's mother) inform that basically the girl's condition has not improved. After I left Chiang Rai, the girl's mother took her back to Luang-poo for a few more healing sessions; but, seeing no changes and finding Luang-poo's herbal treatment relatively costly, she stopped this. Instead, she took the girl to Bangkok for traditional

massage and hot herbal compression therapy. This did not yield results, so she took her to Chiang Mai for “modern” physiotherapy treatment in a hospital. Again no improvement, and presently the girl and her mother are still looking, hoping to find a cure.

5.6 “PERFECTION” IS A RELATIVE TERM, ARAHANTS ARE BEYOND IT

The search for “perfection” was arguably fuelled by Luang-poo’s comments and guarantees that the girl would be 100% healed. However, even if he meant to, he did not seem to explicitly direct attention away from healing physical disease to healing spiritual disease at the root of the problem. This he discussed with me and, as mentioned, made comments to the effect that today’s youth are incapable of grasping such “truths”. Certain healers I studied would say that teaching the patient is the healer’s fundamental duty.

Returning to Ajarn Prasart’s* approach of teaching patients corresponding to their level of development and understanding, any teaching is arguably better than no teaching. This does not imply that Luang-poo did not teach at all, nor that he could have necessarily taught more effectively, given the girl’s capacity to learn; yet it poses problems concerning developing self-reliance in people who cling to their *attā*. Furthermore, it brings back eternal dualistic puzzles, and suggests that all conceptual reasoning related to identifying with an *attā*, finding someone to take responsibility, and introducing concepts such as “blame” and “failure”, are indeed at the root of problems. The girl’s physical condition, considered by the mind clinging to the body, did not improve, both tangibly, but more significantly regarding reducing *dukkha* it generated. Thus the perceived “condition” remained conditioned by the karma that produced it, and the mind did not see things otherwise.

This case, with an “imperfect” body but an alert mind, reveals limited insight into *transcendelia* and is just one of dozens of similar cases I encountered. The general fear of not improving, or the *attā*’s clinging to survival instincts, may have dominated these situations and blocked developing contemplative knowledge. This was possibly aggravated by attraction to sensory pleasure (with excessive TV viewing, listening to stimulating music and consuming strong-tasting and processed food), while limited physical exercise and attention to posture may have exacerbated circumstances further. The social environments the “patients” found themselves in, though characterised by variations, generally lacked “ingredients” to cure spiritual disease.



Figure 25. Ajarn Tong* (left) and Ajarn Somjai* (right) with Thai musical instruments. Here they play melodies for relaxation and generating the spirit of “letting go”.

The traditional healers studied, particularly ones with physical “disabilities”, seemed less concerned with their material bodies, and some, like Ajarn Tong*, appear to have “let go” of many other tangible and intangible attachments in life. They still participate in helping others, using various means to heal. Ajarn Tong*, especially refers to *lokuttara-sukha* and performing his “duty” to humanity. In this sense, he follows the “ideal” of an Arahant (enlightened one). Such individuals, who like the Buddha have transcended all sense of individuality, may be hard to conceptualise, as the following passage depicts:

“The Buddha and... Arahants were completely free of desire, yet succeeded in doing many things far more useful than what any of us were capable of... [T]he Buddha... slept for only four hours and spent the rest of the time working. We spend more than four hours a day just amusing ourselves. If the defilements responsible for the desire to be and get things had been completely eliminated, what... motivated the Buddha and... Arahants to do all this? They were motivated by discrimination [*vicarā*] coupled with... *mettā*... They... [could] discriminate between what was worthwhile and what was not as the motivating force that sent their bodies out to find food. If they found food, well and good; if not never mind. When they were suffering from fever, they knew how to treat it and did so as well as possible on the basis of this knowledge. If the fever was quite overpowering and they were not strong, they recalled that to die is natural. Whether they lived or died was of no significance to them; they were of equal value in their eyes” (Buddhadasa 1989: 80).

Phra-ajarn Pairot Wirojano, a former disciple of Ajarn Chah, originally from Northeast Thailand, but having spent the last thirty years in Chiang Mai, spoke about Arahants as follows (23 July 2000). Arahants feel pain and bodily suffering, just like anyone else, but maintain clear minds and just accept such things as “normal” without any attachment. Therefore, there is no fear of death. As for how to “attain” such an enlightened state, he cited an old saying: “only by making one’s body so small that it can pass through the eye of a needle can one reach Nirvana”. Hard as this may seem, this alludes to diminishing the *attā* until it is insignificant, and has little to do with literal interpretations using *cogitatio*.

5.7 TROUBLE IN THE MIND: MENTAL OR SPIRITUAL DISEASE?

Having considered *dukkha* apparently caused by the tangible body, a case concerned with more abstract *dukkha* is now turned to. While in Chiang Mai province towards the end of fieldwork, I visited a traditional healer in his early-forties (whom I have known for some years) to discover his latest opinions on healing. His daughter greeted me, but said that the healer was out, having that morning been taken by her brother to Chiang Mai’s Suan Proong Psychiatric Hospital (SPPH), a fifteen minute drive away. This is the only hospital of its kind in Northern Thailand and is where

Walter Irvine (1982) undertook much of his research into madness among the Thai-Yuan of Northern Thailand in the late-1970s. At that time, communism was considered a major ideological threat to the Thai nation, and Irvine felt that this threat against the stability of the national “bounded entity” was replicated in threats of spirit possession against individuals and local communities (other “bounded entities”). The standard response was identifying the enemy and exorcising its spirit.

My experiences with psychiatrists and psychologists in Chiang Mai suggest that not only has the communist threat receded, many of them (*vis-à-vis* a significant minority during Irvine’s research) adopt a sensitive approach when dealing with *rōk-prasāt* and *rōk-jit* patients, including those suffering from spirit possession. Furthermore, those understanding the risks of identifying with the *attā*, recognise how strong association with anything perceived as a “bounded entity” ultimately causes fear of apparent threats in the first place. However, with Thailand’s development into a modern nation from a past as recent as the mid-nineteenth century in which the concept of “boundary” had limited meaning (Thongchai 1994:75), arguably identification with boundaries (national or individual) has on the whole increased. This counters understandings of universal interconnectedness and the four *Brahmavihāra*, and ultimately causes spiritual disease. Furthermore it contradicts:

“Modern consciousness research [which] reveals that our psyches have no real or absolute boundaries; on the contrary, we are part of an infinite field of consciousness that encompasses all there is - beyond space-time and into realities we have yet to explore” (Stanislav Gross, cited in Dossey 1999:7).

The aforementioned Chiang Mai healer was suffering a relatively clear case of spirit possession, though the psychiatrist treating him, despite going along with his beliefs, effectively viewed things differently. Since I have known the healer he has discussed *saiyasārt* and worlds of ghosts and spirits. Living in a rural environment where villagers commonly believe in supernatural entities, including *phī-pret*, and with his wife regularly acting as a spirit medium, the healer has always felt the threat of intangible “foreign elements”. A few years ago he told me about various *khāthā* he felt protected him from “evil forces”, whether spirits, disease entities or misfortune. Once, after suffering from backache for several days, he visited a local ritual expert and had a metre-long piece of wire extracted from the painful area, and subsequently felt complete relief. The wire, as in cases of nails and other “missiles”, was believed to have entered the healer’s skin due to sorcery; but was then removed, resolving the problem and leaving no physical trace. On other occasions I saw the healer making protective

amulets which he “charged” with *khāthā*. Despite the healer’s supernatural beliefs, he also has much faith in Buddhism’s basic tenets, which generally shun “getting lost” with supernatural phenomena. This in itself did not cause conflict in his mind.

When I reached SPPH I found the healer in a two-storied building with wire mesh covering the windows. Like the other forty-so patients there, the healer wore standard blue clothing and was being looked after by three female nurses and three male attendants. I noticed that one patient had his ankles chained, but appeared docile, possibly caused by tranquillisers. Other patients were on the veranda, many singing or uttering virtually incomprehensible phrases. The healer was alone inside, sitting on his bed in the communal sleeping area upstairs. Having approached him, he drew me close and said hoarsely that the people there were all calling him *bā* (crazy/mad). He added that this was untrue since he had clear *sati-sampajañña* (mindfulness-awareness), like a normal person. He said that the problem was that he had *phit khrū* (broken a taboo by going against his teachers’ instructions). Yet, if he could visit the shrine of the famed monk Kruba Srivichai (1878-1938), at Phra-that Doi Ngom mountain (c.20km. eastwards), everything would be resolved. We did not have the opportunity to talk much more on that occasion because visiting hours were ending, so I left the healer and visited the psychiatrist dealing with him.

The psychiatrist, a woman with many years experience, said that the healer was suffering from *rōk-jit*, a mental disorder with associated physical abnormality in the brain linked to functions of neurotransmitters. She mentioned that it was a relatively acute case and the healer had received medication, which should continue for three months, by which time he should be better. If not, more medication would be administered. The psychiatrist suggested that this mental disorder had affected the healer because of various tendencies making him susceptible; including belief in *saiyasārt*, stress and sleep deprivation over the previous 2-3 days. All these factors were possibly compounded by the condition of the healer’s wife, who, suffering from stress and schizophrenic symptoms, had been admitted to SPPH three days earlier. Her case was considered more serious, caused by her belief that the Buddha’s spirit had been passing through her uncontrollably with increasing frequency when she entered a trance and acted as a medium; thus producing two forms of divergent perceptual reality. The psychiatrist felt that this had in turn made the healer believe he was being possessed by Kruba Srivichai’s spirit, and this powerful moral force would not leave him in peace.

The next morning I returned to visit the healer and found him alone and asleep in the dormitory, while the other patients were outside. From less than 24-hours in the

hospital environment, surrounded by patients displaying signs typically associated with insanity, the healer's condition appeared to have deteriorated considerably. When he awoke from sleep and heavy sedation he seemed suspicious of everyone associated with SPPH. His voice was very hoarse and he could not speak above a whisper. He said that his voice would return if he visited Phra-that Doi Ngom, just as all his other problems would vanish. He asked me for a picture of the Buddha, as a representation of the highest truth. I only had a small photograph of Ajarn Chah, but this satisfied the healer and he put it against his "third-eye" (the spot between his eyebrows). He closed his eyes as if meditating and after a while said that soon all would be well.

Later the healer's sister-in-law and an aunt visited, but to see them I had to take the healer outside to the general visitors' area. He could hardly stand and I had to practically carry him downstairs. Once with his relatives he seemed to feel better. After telling them of his need to visit Phra-that Doi Ngom and how this would cure him, he asked them if they believed him, suggesting that no-one else in the hospital did. They said that they believed him and did this with such candour it would be hard to think they did not. The healer appeared to regain his strength and composure and quickly stood up saying that his voice had returned. His mind indeed seemed clearer; but his body, presumably due to medication, was still weak and poorly co-ordinated.

The healer went back to rest and I paid another visit to the psychiatrist. She explained that in her therapy with him she accepted everything he said, as well as his beliefs, and told him that soon he would be better and could indeed then go to Phra-that Doi Ngom. I would propose, however, that she did this not in an attempt to develop his consciousness from associations with the mythic level to higher levels of transpersonal awareness; but rather in an attempt to bring him back from an "abnormal" to a "normal" rational condition. When we discussed general belief in ghosts and *saiyasārt*, she did not accept these things as having any bearing in "external" realities beyond that which individual minds perceive. I asked if she felt such things were *avijjā*, and she replied that this was not her concern, and monks and biomedical practitioners have differing ideas about these matters. She said that, with scientific and empirical backing, biomedicine is better suited to deal with diseases/illnesses (whether mental or physical), and the healer was suffering from a mental disorder with an organic base.

Talking to Phra-ajarn Rat* about the healer's situation, he said that it would generally be best to do away with all forms of spirit-mediumship and *saiyasārt*, since they are just *avijjā*. He did not refute that they are real beyond individual minds, like various forms of ghosts; but stressed getting to the root of *dukkha* and adopting

scientific enquiry in attempting to understand cause-and-effect connections. Ajarn Prasart* feels likewise, saying that only two-in-a-thousand spirit mediums in Thailand are authentically connected to higher levels of consciousness, otherwise such activity is *avijja*. Speaking about the healer to a meditation teacher in Chiang Mai, a retired university lecturer who has four times visited Bodh Gaya, India (where the Buddha was enlightened), he mentioned that going to SPPH was not the right thing to do. He said that the hospital doctors would not believe the healer, and once admitted it would be hard to get out.

When looking at people's diseases/illnesses and misfortunes the meditation teacher considers three types of doctors: those dealing with (here he used English terms) "physical disease", "mental disease" and "spiritual disease". For someone with the first condition the cure usually involves going to a physician, for the second condition one should visit Dr. Chamlong (Section 2.6) and for the third condition two options exist. The first is visiting a *mō phī*, or ghost/spirit doctor involved with *saiyasārt*, to get rid of evil ghosts/spirits that influence behaviour; but this will not get to the root of the problem, since risks of recurrence will always exist. The second option is visiting a meditation teacher, like himself, where one can be exposed to *thamma-ōsot* in the form of meditation practice and mind control, and thus become self-reliant in curing one's spiritual disease. He added that curing spiritual disease transcends *dukkha* associated with all other diseases, or can help cure lower level diseases (physical and mental) by changing general perception and attitude towards *dukkha*. Therefore, he felt that the healer in SPPH was in the wrong environment, since the dorm was not conducive to meditation, and he risked assuming the role of someone actually with *rōk-jīt*. The meditation teacher said that by using his "sixth sense" or "ESP" (again he adopted English terms), he knew the healer had nothing more than mild physical and mental symptoms of "abnormality", and the real problem was a form of pathology related to spiritual development at higher levels.

Incidentally the healer left SPPH and stopped taking medication only four days after being admitted, and when I visited him at his home a week later he appeared to be in better condition than ever. He looked fresh and, happy to talk about his experiences, joked about his stay at SPPH, seeing it as neither a problem nor a cause of embarrassment. He said that he was almost fully cured, although he still had to make merit at Phra-that Doi Ngom. He had not been there since going to SPPH, but had already made merit by offering necessities (e.g. robes, food, toiletries and medication) to monks at a nearby temple to help maintain Dharma, which he felt made a significant

difference. However, the real solution had come to him while in meditation, once he had been released from SPPH, where he had caught up on a lot of rest. He felt that there was no conflict between doctrinal Buddhism and the supernatural, and though he recognised dangers of dealing with supernatural practices, and would not recommend this to most people, he himself was willing to take risks, given possibilities of faster spiritual progress.

The healer did not specify what he had done wrong in his practice or what taboo he had breached, yet he knew he had to follow a particular procedure to resolve the problem. This involved using meditative insight to clearly recognise what caused his inappropriate behaviour, and how to rectify his wrongdoings by purifying his thoughts and actions. In turn he said that he would benefit by making merit to diminish his feeling of *attā* and exemplify the four *Brahmavihāra*. He felt that others had not understood his predicament, thus he ended up at SPPH and was dealt with like a *rōk-jit* patient. He said that he went along with this to keep them satisfied, and because he knew that their “third-eyes” had not yet opened (so they were unable to see or fully understand what was happening). He used the common analogy of a lotus under murky water, which cannot see light until it breaks through the water’s surface. He further added that his experience in hospital had helped him see things clearer and have greater faith in his practice. He was confident that such a thing would not re-arise because, pointing to his heart (seat of the “higher/transcendental mind”) he said that he was now clean. Effectively, he stated, there was little difference between patients at SPPH and other people in society, with all being bound by *tanhā* and *avijjā* and needing to develop spiritually through self-reliance on the level of mind.

Regarding curing physical and mental diseases in general, the healer recognised that both traditional and modern therapies have merits. He mentioned the case of his wife (a market trader), due to return home in under a week, and how she had been benefiting from electroconvulsive therapy (ECT). Yet he added that much of her stress could be dealt with by meditation if her work environment was more supportive. The healer was not so concerned with the immediate environment, but rather the root cause, namely wider national and global contexts of competitiveness and emphasis on sensory experience; resulting in a general lack of mutual help and recognition of universal interconnectedness. As for the future, the healer felt that unless those with spiritual knowledge help people, so that they can ultimately help themselves, the world’s problems will get continuously worse and people may end up beyond help.

5.8 MENTAL AND SPIRITUAL HEALTH IN MODERN TIMES

The aforementioned case sheds light on how, despite adopting a more sensitive approach to patients than in the past, psychiatry tends to ignore higher levels of consciousness development and deny the spiritual realm (cf. Wilber 1991:101). Often differentiation between genuine spiritual experiences and psychosis is difficult simply because they are both at a variance to what are conventionally considered “normal” conditions, especially in Western terms (Yuasa 1993, Section 2.15). William Blake, of the statement: “a fool who persists in his folly will become wise”, was considered by many as dangerously near if not beyond the brink of insanity; while Nietzsche, despite his genius, went over the edge. Main informants feel that spiritual development can be a risky venture, since aspirants are dealing with so-called “altered” states of consciousness, where the ordinary sense of *attā* becomes undone. Discussing “Integral Yoga”⁷⁰, Aurobindo (1993:282-283) mentions the potential pitfalls of spiritual practice:

“This yoga is a spiritual battle; its very attempt raises all sorts of adverse forces and one must be ready to face difficulties, sufferings, reverses of all sorts in a calm and unflinching spirit.

“The difficulties that come are ordeals and tests and if one meets them in the right spirit, one comes out stronger and spiritually purer and greater.

“No misfortune can come, the adverse forces cannot touch or be victorious unless there is some defect in oneself, some impurity, weakness or, at the very least, ignorance. One should then seek out this weakness in oneself and correct it.

“When there is an attack from the human instruments of adverse forces, one should try to overcome it not in a spirit of personal hatred or anger or wounded egoism, but with a calm spirit of strength and equanimity...”

Irvine (1982:243-253) discusses two cases of men originally certified psychotic at SPPH; yet their experiences with meditation, coupled with their social environment, later led them to being perceived as anything from “mad” to “saintly” by people around them⁷¹. The breakdown between subject and object which threatens an individual’s security base, or that which allows the individual to subjectively experience herself/himself as a particular “self” relative to “other” objects, *could* indeed be termed “psychosis” in psychoanalysis *and* “Enlightenment” in Buddhism. At this point, the fundamental:

“...issue becomes whether the subject-object distinction can break down in different ways: why the mystic can swim in the same sea that drowns the psychotic.

⁷⁰ The union of all parts of one’s being with the nondual Divine, and a consequent transmutation to higher divine consciousness and existence so that one becomes part of divine work.

⁷¹ Even somatically there are genetic similarities between schizophrenics and “geniuses”, like Einstein (whose son was schizophrenic) and Bertrand Russell (with several schizophrenic family members).

“In sum, the Buddhist critique of ego-self implies that anxiety is essential to the ego because it is the ego’s response to its own groundlessness, something more immediately threatening than fear of death in the future. This theme is familiar in existential philosophy as well but it is uncommon in psychoanalysis” (Loy 1992:159).

Anxiety about “groundlessness” may not appear common among individuals, apart from people labelled “psychotics”, “schizophrenics”, etc., precisely because it is so well repressed. Loy (ibid:160) says in modern times people are facing greater problems with anxiety than the past because “...a more individualist society produces people with a stronger sense-of-self, therefore with stronger anxiety”; moreover, nowadays there are “fewer effective ways to cope with that anxiety”. He (ibid:160) adds that religion has traditionally been the “consolation”, since it reassures one that one’s anxiety will be put to rest, or that one’s groundlessness will be grounded in God or Nirvana. Yet with development/modernisation there is arguably a move away from ritual and commitment to common symbols in societies, which makes it harder for individuals to cope with disease/illness and other misfortunes (Douglas 1996:1-19).

Regarding developing consciousness, the aforementioned observation may only be valid on levels of consciousness where symbols, concepts and myths (and their related rituals) dominate mental activity; namely stages of cognitive development referred to by Piaget as preoperational, concrete operational and formal operational thinking (Wilber 1991:185-186). At “higher” levels⁷², not recognised by Piaget or most other psychologists, aspirants no longer need to project “outward” to seek meanings and explain misfortune. Thus, they are grounded in the groundlessness of nondual Spirit. So returning to comparing mystics and psychotics, mystics are aware of not only conventional differences between subject and object, but *also* see the greater background identity that unites them. Nevertheless, psychotics cannot transcend the paradoxical nature of nonduality, and thus are troubled by not realising *both* the differentiated nature of the relative world *and* the integral nature of mystical union.

Talking to people involved in healthcare of the mind about how insanity fits in with consciousness development, opinions were varied on two levels; namely, related to actual knowledge (primarily concerning *cogitatio* and *meditatio*) and putting it into practice (having adopted *contemplatio*). Broadly-speaking biomedical practitioners, including psychiatrists and psychologists, are reluctant to include ethical considerations related to health, illness and general misfortune both when interacting with patients and in more-formal interactions with colleagues, policy-makers and others.

⁷² For instance the “spiritualised mind”, lying above the normal mind and leading to the “Supermind”, or the “highest divine consciousness” (Aurobindo 1993:395-397).

Contrastively, monks and traditional healers are more concerned with stressing ethical matters in exchanges with people around them, almost irrespective of who they are. Some even suggest that biomedical practitioners tend to exclude ethical issues when treating patients or in policy-oriented meetings, because, like many, they know little about such matters and related consciousness development concerning *contemplatio*. Another factor, which they extend to encompass many monks and lay practitioners knowledgeable about spirituality (including traditional healers considered ritual experts), is that their actual thoughts and actions may counter theoretical foundations they are familiar with. Again this raises issues of practice, or theory being of little use without it. Main informants, when commenting on education, considered this matter vital (Chapter 6).

Regarding assisting people in developing consciousness, Dr. Prawet* said that, given the average level of consciousness development in society, the best way to increase awareness of spiritual matters is through gradual change (25 April 2000). He likened a holistic view of health and spiritual development to a current of electricity running around a network of interconnected centres; namely individuals who in turn do their own work in being self-reliant and responsible for further growth. He mentioned that this would make people realise the interdependence of humanity's quest to transcend *dukkha* and would create a suitable environment for people to look "within" for development, *vis-à-vis* looking "outward" to wealth, economic growth, material progress, etc.

5.9 SELF-RELIANCE IN ACCEPTING ILLNESS

Dr. Teerakiet*, considered by many (including Thai government officials dealing with education and healthcare reform) one of Thailand's leading authorities on mental and spiritual health, is aware of biomedicine's limitations in its approach to consciousness. He, like Ajarn Prasart* and several other traditional healers and monks, differentiates between the brain and the heart's "higher/transcendent mind". However, he recognises that biomedicine frequently reduces mental activities to physical changes in the brain. This could make people believe that a comatose state and activation of the higher mind (where witnessing awareness or integration with superconsciousness occurs) are the same; since both produce very low waves on electroencephalograms (EEGs).

Dr. Teerakiet* feels that methods of teaching psychiatry commonly adopted in Thailand, like other aspects of education, lack dynamism; reflecting counterproductive

Thai conventions rather than valuable and timeless traditional knowledge that informs “living spirituality” and parallels local wisdom in other countries. The problem in education, as emphasised by many critics, is that students/learners are not encouraged to intellectually challenge their teachers and end up lacking critical thinking⁷³. In Dr. Teerakiet’s* opinion, at initial stages of the mind’s development being non-judgemental, due to lacking necessary information to make good judgement, is natural. Nevertheless, as individuals’ knowledge and awareness develop, they have the capacity to adopt critical thinking and *vicarā*, beneficial for discriminating between “correct” and “incorrect” (getting lost in *avijjā*) paths for spiritual growth.

Despite his knowledge, Dr. Teerakiet* is sometimes poorly understood by certain fellow psychiatrists and policy-makers, which makes them critical of some of his recommendations. This may be due to their inability to realise the implications in terms of *contemplatio* (*vis-à-vis* conceptual recognition of what he communicates on levels of *cogitatio* and *meditatio*). Dr. Prasert*, known and complemented by Dr. Teerakiet*, by being in a different social environment faces less challenges related to bureaucracy and policy-makers. Dr. Prasert* has spent the last eighteen years practising at CRPH. Concerning himself more exclusively with patients, he said his main challenge is working to make patients with mental disorders more self-reliant, and helped by people in their local environment (10 August 2000). He is Chiang Rai province’s only psychiatrist; while in Northern Thailand a few are in Chiang Mai, one is in Lampang and none are in the remaining five provinces.

Dr. Prasert’s workload is considerable, but two female counsellors, who are CMU⁷⁴ psychology graduates in their early-thirties, assist him. He feels that biomedicine aims to make patients accept their illness, though not necessarily accept responsibility and actively work to cure it; while in Thailand accepting responsibility for one’s actions and their results (karma) is relevant. Nevertheless, he says that Thailand is becoming more like the West, with people accepting less responsibility for their health than previously. He notes a tendency for patients to depend on doctors and medication, aggravated by doctors of patients with mental disorders permitting their patients to acquire psychotropic drugs via postal orders or dispensing them to patients’ relatives. Dr. Prasert* says he never dispenses such medication without continually evaluating patients’ conditions.

⁷³ Something encouraged in Western (higher) education, though with (possibly excessive) emphasis on left-brain activity.

⁷⁴ Northern Thailand’s centre for studies of (Western-influenced) biomedicine.

He is keen to involve patients in healing and goes by the hypothesis that a doctor's foremost duty, on which success depends, is to establish a sense of responsibility in the patient; though, with limited resources at his disposal, he cannot support this with extensive formal research. In his opinion, patients, especially schizophrenics, through their own effort and help from doctors should primarily develop insight into their disease/illness. He does not discourage various rituals performed by traditional healers and monks (e.g. sprinkling *nām-mon*), but feels that with schizophrenics in general this provides only temporary relief and does not change underlying biochemical or psychological disorders, which meditation, diet and medication (herbs or modern drugs) can affect. In developing self-reliance and encouraging patients to look after themselves, Dr. Prasert* says that success can even mean just enabling patients to visit doctors alone or take medication by themselves. This obviously stimulates the question: Can such people benefit from practices related to spiritual development and ultimately attain nondual consciousness?

In answering this question the psychiatrists studied tend to agree that meditation, can help most patients (cf. Section 2.6); but recognise that patients with more severe mental disorders get only limited benefit or sometimes even suffer. Many traditional healers and monks express this same recognition, though they generally wish to include another dimension. Phra Pongthep* feels that for people classed as *rōk-jit*, or more specifically "schizophrenics" (he uses the English term), meditation can help increase their concentration spans; but the effects are limited with more serious cases. He says that in Buddhism one does what one can to help others, yet does not cling to the concept of needing to change everyone to comply with man-made standards of "normalcy". He feels that in this respect biomedical doctors and most people in society nowadays establish a model of what is considered "normal", and judge people by that. This in turn is used as the "ideal" into which people with mental disorders should be transformed to be considered cured.

However, he points out that most "schizophrenics" do not necessarily experience *dukkha* as people generally believe. He says that problems they are perceived to experience with "mental disease" may be relatively insignificant, *vis-à-vis* their *dukkha* associated with "spiritual disease" (which is probably similar to anyone else); and they may even have less *dukkha* than "ordinary" people if they have less *tanhā*. Therefore, he feels that most of the trouble may be with how "normal" people consider "schizophrenics", and it is they who should be cured, for "normal" people have much *dukkha* simply associated with *micchāditthi* (only curable by adopting *sammāditthi*).

Like others, Phra Pongthep* speaks of helping people but also accepting nature or *sīladhamma*, while not trying to make the world “perfect” following “ideals” of *sammuti-sacca*.

To this extent biomedical practitioners studied, such as the two counselling psychologists at CRPH, have similar views; for they feel that patients (e.g. people with disabilities or considering suicide) need assistance in accepting their problems. Like monks and traditional healers, they favour the involvement of family members in providing a supportive environment. Yet, apart from a small minority, including Dr. Prawet*, Dr. Teerakiet* and Dr. Prasert*, biomedical practitioners, with their general commitment to modern, scientific approaches and “evidence-based medicine”, generally favour biological explanations (rather than karma and morality) when discussing disease/illness. This is so because such approaches appear neutral or impartial, thus respect for things like Western counselling techniques, considered the most neutral available. Some biomedical practitioners feel that they should be careful not to offend patients’ beliefs, and therefore discussing karma or adopting “Buddhist” language can be risky. Nevertheless, among their friends and close colleagues they often discuss moral issues and even visit temples together for merit-making activities.

The training of biomedical practitioners often makes their discussing ethical matters with much “authority” difficult. This was particularly brought to my attention by a trained nurse and university physiology lecturer who said she had little idea of what “spirituality” is. Working with her in co-ordinating projects dealing with traditional healers in Northern Thailand over six months, she often discussed difficulties she had in understanding matters related to meditation, higher levels of consciousness and cause-and-effect in Buddhist teachings. She feels this is a drawback when she lectures because sometimes she wishes to incorporate a broader and more integral perspective of health. Her situation reflects recognition of a growing interest in “spirituality” (often the English term is adopted) among certain biomedical practitioners and people in general.

The counselling psychologists at CRPH feel that in the last few years “spirituality” has become more a part of training programmes involving government healthcare officials, including hospital workers. However, in discussing “spirituality” they cannot really describe what it implies, other than suggesting that it is a belief or way of life that is *saksit* (sacred). The same could possibly be said about a relatively well-known psychologist teaching courses in stress management in many parts of Thailand. This does not mean that such people are not effective practitioners regarding

cogitatio and *meditatio*. Nevertheless, they may reflect the state of education and society, or rather the current collective level of consciousness development, with its “falling short” in recognition of and proficiency regarding *contemplatio*.

5.10 INSTRUCTING THE SELF AND THE COLLECTIVE

An understanding of nonduality, and ability to instruct others to develop consciousness and decrease *dukkha*, is not the exclusive domain of monks or traditional healers. Coming from diverse groups, they and others, judging by their activities, attitudes and practices, many fall considerably short of Buddhist “ideals” extolled by the four *Brahmavihāra*, teachings of non-attachment and consciousness development. Certain lay people, covering a wide cross-section of society, mentioned that as little as 1-2% of monks display “propriety” (*vis-à-vis* anything from being lazy and selfish to corrupt and scandalous); all spirit mediums are fakes; and traditional healers and their arts are generally unprogressive, outdated and ineffective. Such opinions are more likely to be held by urban-dwellers than rural counterparts, or rather people living more cosmopolitan lifestyles, more exposed to media coverage and in greater proximity (temporally, spatially, financially and socially) to centres and practitioners of biomedicine.

For risk of over-generalising, it should be added that many exceptions to the so-called “rule” exist; but in itself this differentiation in opinion does not appear to have any obvious bearing on people’s *own* shortfall from Buddhist, or other nondual “ideals”. Certainly an environment conducive to contemplating spiritual development and proximity to good “teachers” should facilitate individuals’ own consciousness development, yet many “teachers” themselves say that this is not enough. Nor do they feel it necessary in the first place.

Luang-poo Putta-isara* is known for having no “teacher/guru” in the human form to have guided him in his spiritual development, having “gone at it alone”, so-to-speak. Ajarn Prasart* often describes how in his own quest of knowledge and spiritual development he relies primarily on his determination, commitment and experiences. Moreover, Sumano Bhikkhu* feels that his experiences and those of several monks he knows, show how spiritual progress is frequently (if not primarily) triggered and expedited by reaching a point of existential desperation, where one faces fear and willingly puts “everything on the line”. This implies risking not the physical life of *sammuti-sacca* but the *attā* that identifies with its perceived possessions, corporeality, sensations and other *khandha*.

Sumano Bhikkhu* described his own disenchantment with life at a lower level of consciousness development and *dukkha* associated with it (14 August 2000). He reached the point that he no longer saw meaning in living as a slave of *tanhā*. Yet in that desperation he found a seed of faith (or spark of *bodhi*, Section 2.1) in a life devotedly working for the welfare of all sentient beings, without concern for one's individuality other than staying healthy enough to carry out one's duty. His approach involved working on himself before becoming committed to socially-engaged Buddhism. This meant spending most of a fifteen year period (that ended 2-3 years ago) primarily in seclusion undertaking ascetic practices, including eight years not speaking, not accepting invitations to leave the cave he was staying in and not accepting money or donations other than food from occasional well-wishers.

Considering Buddhadasa Bhikkhu, his background and upbringing appear no different from many others (Jackson 1988:22-29); while the ten disciples of Ajarn Man (all highly-respected monks, including Ajarn Chah) Kamala (1997) studied show that being accustomed to poverty, not financial status, was significant. These are indeed all monks from rural areas, and thus males uninterested in lay life. However, I know nuns, such as Mae-chee Sansanee, who actively teach Dharma and are considered by many to be true exemplars of the four *Brahmavihāra*. Furthermore, Ajarn Saengduen*, recognised by the MoPH as one of Chiang Rai's foremost massage therapists, is ready to teach any student without charge if they can show sincerity and determination to learn. All of the thirty-two traditional healers I collected data on and studied are relatively open to teaching students of any background and financial status; but are mainly concerned about factors like students' interest in TTM, sincerity, ethical propensity and will to learn.

Regarding what makes a teacher or leader stand out, numerous psychological studies of leadership and social influence⁷⁵, identify no outstanding qualities; apart from factors such as flexibility and adaptability, and ability to understand what is required at any given moment and fitting in one's behaviour accordingly (Gross 1996:488-493). This observation applies primarily to individuals interacting with others in a social setting, yet from the nondual perspective work on oneself (the perceived subject) and work with others (perceived objects) is all work that can transcend duality and reduce *dukkha*.

⁷⁵ Whether to include such figures as Ghandi and Martin Luther King, or Napoleon Bonaparte and Lenin.



Figure 26. A course in basic massage therapy for CRPH staff.



Figure 27. Ajarn Saengduen* at home. She mainly treats using massage and herbs (labelled and in containers along the wall).

Significant issues, considering individuals contextually in their environments, are opportunities to learn and help those around them. These “predisposing” factors and the causes-and-effects behind them are part of one’s “karmic load”, an insight shared by main informants. Again, this does not imply determinism because of the ability of spiritual development to transcend such parameters; or following the message of self-reliance inherent in Buddhism, on the level of mind one can be freed from karma.

Turning to people involved in biomedicine, academia, policy-making and other more “modern” and “mainstream” aspects of healing, teaching and development, there are also diverse individuals, but several work for collective benefit. Some, such as Khun Wilaiwan* and Mor Noi*, dedicated to the service of others, work mainly on one-to-one, or one-to-family, bases. Others, such as Dr. Teerakiet*, Dr. Prawet*, Dr. Art-ong*, and Ajarn Sulak* (all educated in the West, as well as Thailand) are more in the limelight of efforts to reform healthcare, education and development, and work on a different level. These individuals, generally up-to-date with changes in their fields of interest and having undergone formal academic training, are arguably best placed to teach wide audiences with “modern” orientations and lacking faith in more “traditional” teachers and teaching methods. However, they are all aware of timeless *paññā* behind nondual teachings, such as Buddha-Dharma. A commonly-recognised key to disseminating these teachings is applying *paramattha-sacca* to current or “modern” problems. This introduces re-interpreting “traditional” concepts, attitudes and lifestyles, and tailoring them more for present-day circumstances; or more relevantly teaching people to recognise the root cause of all problems by understanding the dynamism of *paramattha-sacca* and its relation to *sammuti-sacca*. Such a consideration brings to question the “qualifications” of “teachers”.

One complaint about Buddhism in Thailand, as voiced by Kietchai Suwankamon, a Chiang Rai philanthropist actively promoting Sai Baba’s teachings (Section 6.7.1), is that its approach is often not “modern” enough. He, like others, including the monk criticising the Thai Sangha in Section 2.3, is not critical of Buddhism’s core teachings, and their affinity to all nondual traditions; yet rather of people seen publicly as exemplars of the teachings. Indeed some senior monks with considerable knowledge of Dharma are relatively unaware of existing social trends in Thailand and beyond. One, a *jao-khana ampēū* (district level “head” monk) in Mae Hong Son province who had spent a month in the US, was unimpressed by modern materialistic development, saying that this in no way can help extinguish *dukkha*. He was unfamiliar with many changes in people’s dietary habits and terms like *āhān-kaya*

(junk food), as well as other recent trends in the conventional world. Nevertheless, he said that the Dharma he was well versed in was all that he and his visitors needed.

This point introduces a potential breach between those avoiding involvement in the conventional world and new (especially urban-based) generations, who find it difficult to relate to “traditional teachings” and are often themselves poorly understood by more “traditional” “teachers”. The modern education system (stressing analytical thinking) and the general trend for greater individualism reflect excess usage of the left-brain and the self-assertive tendency. When balanced with holistic/synthesising attributes and the integrative tendency, in dualistic terms greater harmony is attained and spiritual development may become easier. Hence, the more “modern” “teachers” could be better-suited to teaching people favouring “self-power”, by using a more analytical approach to developing *paññā*.

This approach could employ new developments in transpersonal psychology; such as “uncovering techniques” that deal with the dynamic unconscious or the repressed unconscious, and allow one to overcome neuroses preventing development to higher levels of consciousness. This “...rather unique discovery and contribution of modern Europe” (Wilber 1991:197) is likely to be of considerable benefit in the context of “modern medicine”. Nevertheless the more “traditional” “teachers”, including Panyananda Bhikkhu and Luang-po Khun*, possess much useful knowledge (especially concerning *contemplatio*), which, despite attraction to modernity, Thais generally identify with as a valuable aspect of their cultural heritage. For many, this implies the more devotional practices that build on “other-power” and may be better-suited to people in rural areas with more-communal interaction.

5.11 CONCLUSION: TRANSCENDING DISEASE/ILLNESS

Each person, understanding and *living* Dharma, arguably does what they can for their own development and that of others; without attachment to results, yet driven by *chanda* and following *sīladhamma*. One’s capacity to develop and help others in particular ways is influenced by environmental and karmic factors. However, each has the “responsibility” to deal with challenges, such as living with disease/illness, to the best of their effects. The above section suggests an increase in the general availability of diverse “paths” of consciousness development (supported by “modern” discoveries of the mind), *vis-à-vis* those traditionally associated with Buddhism; but also argues that all are informed by similar principles of interdependence and transcendence of egocentrism. The obstacles preventing the “paths” being adopted by many people are

related to environments created by overall “internal” and “external” development policies and practices.

Concerning disease/illness, this chapter has so far considered two main cases of people experiencing *dukkha* and their challenges to overcome it. As frequently stated in medical anthropology, much of individual dealings with illness (*vis-à-vis* disease) are related to how society or people around individuals react to illness (Section 4.4-4.5). The meanings and judgements attached to disease/illness on a societal level may restrict individual ability to cope with conditions; but the *dukkha* associated with disease/illness, though it may spread to family members and others concerned, like karma, is rooted in individuals. If individuals do not experience *dukkha*, disease/illness effectively becomes of little consequence. Thus, to end this chapter, how someone might transcend disease/illness is considered.

The case in question involves a former schoolteacher of about 50-years-old, who for many years has suffered from migraine. Though married, she has been unable to give birth and has adopted two girls she met when doing social work for disadvantaged children, mostly from Bangkok slums. Now she spends much of her time running courses on education and spirituality. She is devoted to serving others and helping reform the Thai education system to make it focus more on “inner” development and reducing *dukkha*, while still teaching *sammuti-sacca*. Sometimes, due to administrative duties, she spends many hours on computers and with air-conditioning, and this contributes to her migraine and other conditions (e.g. sinus problems, backache and tense shoulders). Nevertheless, her bodily suffering rarely distracts her from work. For her, the physical body is a medium through which she can carry out “divine” work; therefore it cannot be neglected, as it houses the mind with its “duty” to help others. However, she admits that sometimes she pushes herself too far, since her physical health occasionally deteriorates and impedes work.

Once she was driving alone at about 3.00am outside Bangkok when, because of sleep deprivation (she had been working up to twenty hours daily over a long period), she fell asleep. The car, travelling at over 100km/h, swerved across the almost-empty road, went into a ditch and rolled over three times. She remained conscious and suffered relatively minor wounds other than a broken leg. The car was damaged beyond repair and she was taken to hospital. Her broken leg was put in a cast, but, since she still had to teach, she felt unnecessarily inhibited. Consequently, she visited a traditional healer and was treated over three days. The healer, with her approval, removed the cast, gave her herbs to ingest and applied oil (charged with a *khāthā*) to the leg. Within three days

she was walking almost normally, and by the week's end considered herself completely cured. She did not really have time to think about her leg, because she had committed herself to work which she considered far more important than what she was experiencing. Furthermore, she could not explain why her leg had healed so rapidly and was not particularly bothered, since this meant little to her.

Often people need explanations, and in biomedicine proof is generally required to verify a treatment's "authenticity". Nevertheless, as placebo studies show, much of what happens is still of a "black-box" nature. This could be *acinteyya* and "pragmatists" might argue that if it works, that's all that counts. Luang-poo (the healer monk discussed above) often said that there is a subtle order in the universe that, like workings of karma, can be "seen" if one attains certain powers of perception. Another monk with a mysterious background, Luang-phor Da Bot, one of Chiang Rai's best-known monks, mentioned that explanations do not matter, for all that is needed is mindfulness (26 December 1999). He discussed *thamma-ōsot* and said that when dealing with pain of any sort, one should just focus on the painful area, breathe with awareness and, through gaining insight into *Ti-Lakkhana*, the pain will go away.

Returning to the woman whose broken leg healed so quickly, the migraines she experiences have been much more challenging, since they have not gone away and sometimes affect her concentration. Nevertheless she feels that the pain is relatively insignificant compared to her *upekkhā* resulting from helping others and adopting the four *Brahmavihāra*. Interacting with people around her, she neither complains of her pain nor hides it from them; rather she uses it as a teaching "tool" to encourage people to work to serve others, irrespective of who they are or what they feel. She did say that when the pain is very intense she loses her witnessing awareness and identifies with the pain; however, only temporarily, as mindfulness is soon re-established. The mindfulness is related to her realisation that everything arising and existing is an expression of a unified Absolute. Her faith is such that she feels she cannot be mistaken about this, and she refers to it as faith based on knowledge of "facts" discovered with *contemplatio*.

This individual (aware of Thailand's development, particularly in education), has a wide perspective on matters of mental and spiritual health, though she admits she has limited knowledge of physical health and healing. Others interested in Dharma studied, are generally likewise well-informed about spiritual health, though often are not so knowledgeable about *both* more "traditional" and more "modern" branches or teachings. Like the quote in Section 5.1 states: "Invisible quantum waves are spreading

out from each one of us and permeating into all other organisms.” The terminology and language used to describe this interconnectedness may vary, and thus people may get confused with the differences. Nevertheless, the realisation is the same, and Chapter 6 considers how this and knowledge of integral health is transmitted from person to person in the wider context of education in Thailand, where new developments and reform, for better or worse, are occurring.

CHAPTER 6

TEACHING ONESELF AND OTHERS

6.1 INTRODUCTION

Self-reliantly developing consciousness is a central tenet of Buddhism. However, many informants also stress helping others achieve this goal and making the most of available resources, whether material benefits of “external” development or “traditional” and “modern” conceptual tools of understanding the mind. The four main cases of people afflicted by illness/disease already discussed reflect the significance of knowledge of *dukkha*, how it arises and how to transcend it (Buddhism’s Four Noble Truths). They also show that *dukkha* can be dealt with and health (particularly equanimity of spiritual health) attained by individuals, both through their own practice and with help or guidance from teachers, depending on individual aptitudes and propensities. The “ideal” is that everyone (except those with severe mental disorders, to whom help should be given) realises that they have “within” them the capacity to learn from things “around” them, from the nondual mother of myriad phenomena and their relative manifestations. According to George Ohsawa (1965:87), founder of Macrobiotics:

“In this world, change is the only constant.

“For those who understand the practical paradox of Yin/Yang thinking, life is a constant education in the greatest university of all, with free tuition and no fees. For those who know nothing of Yin and Yang, life can be hell.”

Here reappear the balancing principles of holons, which indeed constitute a form of dualism; but not like that present in hierarchical thinking, with preponderantly left-brain activity. This thinking has arguably dominated Western knowledge up until recent discoveries in modern physics and transpersonal psychology moved certain more “enlightened” thinkers toward more-integral approaches. In healthcare, however, the hierarchies of reductionist thought still dominate epistemologies informing biomedicine and taught in its institutes, which prevents more holistic approaches being adopted. Nevertheless, here too are changes occurring. This introduces possibilities of

understanding how phenomena is constituted and can be maintained in a “normal” (*sīladhamma*) order, so as to achieve integral health. It implies cultivating conditions conducive to consciousness development on all levels (physical, mental, social and spiritual). In this way health would be “optimised”. However, although keeping individual bodies, minds and societies as healthy as possible (in *sīladhamma* terms) would arguably bring “gains” in aggregate health, any attachment to them would counter principles of ultimately transcending lower holons (and any other concepts) with nondual Spirit. From this perspective, dualistic thinking along hierarchical lines is “unhealthy”, since it does not recognise integral thinking, while the dualisms of holarchical thinking allow further development to higher stages and beyond, and thus are “healthy”.

Considering the above comments, this chapter examines how various kinds of knowledge are transmitted, used and misused. Particular reference is made to formal education (in “mainstream” schooling, “alternative” models and education more specific to healthcare, including schools of biomedicine and TTM), to education on more one-to-one bases⁷⁶, and to education in wider social contexts and how main informants consider this fundamental to acquiring knowledge and *paññā*. Regarding academic or vocational attributes (as measured in cognitive terms or by grades and qualifications), Thailand, like other developing nations, may have its shortcomings. However, these are relatively insignificant compared to behavioural shortcomings related to conduct, discipline and “social conscience”. These attributes are influenced by *paññā* and morality, rather than just “knowledge”, though contemplative knowledge is inherently “informed” by *paññā* and morality. For Kornfield (1993:3-4) knowledge (regarding *cogitatio* and *meditatio*) is infinite, such that “...modern science fills libraries each year with its new discoveries.” However:

“Wisdom... is simply being in harmony with the here and now. Nothing to gain, nothing to lose. Mindful of the flow, the wise person is not deluded; his life is in perfect harmony with the four noble truths. The happiness that comes from wisdom is beyond all knowledge and power. It is the happiness of true inner peace. Happiness that does not waver with the constant change of mental and physical phenomena, peace beyond even birth and death” (ibid:5).

Though this can only be *experienced*, it can be “achieved” by following injunctions of *contemplatio*. Evans (1999:9), using translated excerpts from Phra Dhammapitaka’s book “Education: A Tool of Development Awaiting Development” (Payutto 1998a), argues that modern society “lays more stress on wealth and power than

⁷⁶ E.g. between healers and patients, and “masters” and “disciples”.

virtue". Hence, in present-day Thai education the "spirit" related to experiencing *paññā* is generally lacking, as it is not comprehensively taught. Additionally Evans (1999:9-10) feels that social problems at any level of society are problems of education and its inability to develop "wholesome conduct" in children.

Ideally development and education are part of the same process of satisfying human needs and eradicating *dukkha*. In "external" or material terms, human knowledge and effort brings about development. The same applies "internally", and education can be a tool to develop people through teaching how to acquire *paññā*, while using intelligence and emotion to develop morality (Teerakiet 2000). Hence, education is not only about amassing knowledge; but also putting it into practice non-egotistically, whereby the "normal" dynamic equilibrium of *sīladhamma* ensures that the health of individuals, societies and the environment reflect an integral approach to human development. Dr Prawet*, who suggests greater community input in development, health and education (Prawet 1998), considers education "the most important issue for the development of the nation", and feels that the mass media should actively present "sufficient educational information for the public" (Post, 29 July 1995). Other critics make similar comments, disparaging egocentrism, corruption and inequality in education that prevents a just and equitable society. Nevertheless, as investigated below, currents of change exist, mainly from less-mainstream sectors.

6.2 ALTERNATIVE SCHOOLING TO REACH THE ROOT OF SOCIAL PROBLEMS

Social values affecting individuals⁷⁷ are largely based on aggregate projected *tanhā*. Countless criticisms of education in Thailand are voiced; yet like policy-makers' debates and newspaper reports, they generally centre around outdated teaching techniques, low teacher to student ratios, shortages of qualified teachers, inefficient personnel management, budgetary constraints, etc. In 1990 the Thai Education Ministry introduced major reforms to overcome such problems, and improve teaching techniques and aids to upgrade education standards and "catch up" with industrialised countries. Nevertheless, like many approaches to curing organic diseases, these measures (though seemingly sound) deal with symptoms rather than root causes.

The Education Ministry's ten objectives required of primary schoolchildren emphasise learning and applying academic knowledge, and developing communication

⁷⁷ Whether through Skinnerian conditioning, "social learning theory" (Bandura 1977), "insight learning" of the Gestalt School, or other means.

skills and analytic thinking. Some mention is made of *mettā-karunā*, teamwork, social development, democracy and the environment, but “softer” attributes (e.g. developing *paññā*, meditative awareness, or spiritual insight) and *vicarā*-like “self-critical” issues (e.g. transcending *tanhā*, or tacking narcissism) are not discussed. The Commission on Thailand’s Education in the Era of Globalization (1996:6-7) talks of “sustainable development”, and the “identity crisis” and “moral confusion” new generations are facing. Yet, its “strategic vision” (discussing “education-for-all”), makes no mention of “softer” attributes (ibid:12-14). This is not surprising, since Thailand (represented by policy-makers’ collective sentiments) is as influenced as other nations by prevailing trends in increasingly global *sammuti-sacca* and recommendations of agencies, including the UN and the World Bank.

For instance, the UN (2000:173), concluding about education’s significance, still talks in the following terms: “The above analysis and country experiences show that education is invaluable in facilitating economic take off and sustained growth”; thus displaying unhealthy dualistic thinking (discussed above and in Section 2.8). Practically-speaking, the recommendations, in which inequality, low literacy and poverty are considered obstacles (ibid:169), are sound by any perspective informed by minimal recognition of human interdependence and principles like the four *Brahmavihāra*. However, despite education being “a prerequisite for sustained growth”, for the UN (ibid:169) the aforementioned obstacles obstruct none other than “economic growth”.

In the Human Development Report (UNDP 2000), “human rights” are dominant issues, so economic growth is effectively overshadowed. Nevertheless, discussing “education profiles”, education *quality* is not revealed; as literacy, enrolment and expenditure are the main indicators (ibid:194-197). As usual, symptoms rather than root causes of egocentrism and the preponderance of self-assertive/yang tendencies over integrative/yin tendencies are dealt with. However, the World Bank (2000:19), recognising education’s significance, has shifted its policy and begun to advocate more-preventive measures, including spending “...that improves nutrition and discourages smoking, drugs and alcohol, rather than direct spending on health care.” Compared to circumstances only a few decades ago this reveals a marked alteration in policy, although it is far from approaching education and health as several cases discussed below are.

Ajarn Sulak* said that the problem with education in Thailand is that it builds on people’s sense of insecurity and teaches them to feel inferior (14 June 2000). This inferiority is highlighted and experienced in a hierarchical (*vis-à-vis* holarchical) system,

in which people in the countryside feel inferior to those in Bangkok, who feel inferior to *farang* (foreigners, especially Westerners). Ajarn Sulak* further mentioned that competition is (implicitly) taught, along with needing to be “intellectual to survive”; while people are simultaneously encouraged to conform, to the extent that potential creative talent is lost. He also said that people are taught about “having” (although at death no-one can take anything with them), while in Buddhism just “being” is most significant. In his opinion, the worst thing in the world is consumerism (as discussed in Chapter 3), and the only way to overcome it is to promote self-reliance, encourage charitable giving and learn from the simple lives of the rural poor and their “local community wisdom”. Nevertheless, newspaper articles continue to appear, saying how “local community wisdom” is being ignored and lost, or even expropriated by multinational pharmaceutical companies⁷⁸. Furthermore, there is:

“...the widespread predilection for dishonesty, where the majority of people believe that achieving success or getting rich in dishonest ways, through deceit, cheating and exploiting others, is a kind of daring and intelligence. Societies in which this attitude prevails may be generally affluent, but they will be riddled with dishonesty and crime” (Evans 1999:7).

To reach the root of social problems, according to informants such as Dr. Art-ong*, “universal human values”, including virtuous conduct, non-violence and truth (concerning *contemplatio*) should be taught at the forefront of all education. Dr. Art-ong* also suggests that concentrating on children’s education makes sense. For “...it is much easier to transform a child than an elderly person... [since to change] a habit or attitude of a child of 10 years old would take only 2.5 months training but a person at the age of 60 would take 100 months” (Art-ong 1997a:11-12). Focusing on children is a relatively-common theme in the small though growing arena of “alternative” education systems, and is being noticed by the Thai government; evidenced by education legislation, set in 1999, promoting child-centred learning, albeit with as yet unclear aims (Pacarayasara, November 2000-February 2001). To this effect, having spent several years involved in higher education in Thailand, I decided to study primary education for a large part of fieldwork.

6.3 THE RELEVANCE OF CHILDHOOD EDUCATION

In Western nations (e.g. the UK), where increasingly more pupils are being excluded from schools due to unacceptable behaviour, the break up of family life is

⁷⁸ E.g. KTT, 24 April 2000, 30 August 2000, 5 September 2000 and 6 September 2000.

often cited as a major contributing factor. Yet with more flexible approaches to education (especially for rising numbers of “problem” pupils), including alternative teaching methods and more counselling, Lovey et al. (1993:62) argue that schools themselves can alleviate many social disorders. However, Eggleston (1977:41) feels that focussing on schools should not distract from examining problems in society at large, and acting to tackle them in a wider context.

Before formal schooling, children usually learn through play and by modelling, reinforcement, trial-and-error, accident, and occasionally by being taught (Davenport 1994:179). Contrastively, school education emphasises being “taught” skills, knowledge and “subjects” (e.g. arithmetic, reading and writing), and being treated as members of a common age group and gender category. In this context rules of behaviour and particularly general discipline are learnt, and children are expected to accept authority, conform, be well-mannered on top of learning subjects. This is the “informal curriculum”, where obedience, co-operation and respect are taught, as part of the wider “mission” of the school as a “socialization agent” (Shaffer 1993:634).

Academic attainment, gauged by exams and IQ tests, deals primarily with children’s cognitive development, and due to being easily quantifiable and statistically functional it is generally considered an important indicator of children’s progress and school standards. Piaget provided possibly the greatest contribution to understanding cognitive processes in children’s minds. He considered intellectual development, via a series of schemas, to be driven by disequilibrium at a certain schema, which causes accommodation and assimilation within the parameters of a new schema. A new equilibrium is established until the new schema is inadequate to cope with new situations, disequilibrium re-arises and the process continues (Gross 1996:627-629).

Schoolchildren studies comparing effects of school education with age, reveal that schooling’s effects on cognitive performance can be twice those of age (Cahan and Cohen 1989). This difference shows positive cognitive development effects of schooling. Piaget himself, though, felt that schools generally ignore the “spontaneous development of an experimental spirit” needed for the technical and scientific requirements of modern society (Piaget and Inhelder 1969:81); consequently, recognising the significance of more than just cognitive skills in developing intelligent humans.

Nevertheless, stress on intelligence, though good for technology, does not resolve social problems; and humans are indeed social animals. Since about 1900, IQ and literacy levels have increased everywhere, yet no such conclusions can be made

about more qualitatively-significant emotional factors (Goleman 1996). This is a relatively-recent field of inquiry, though many past studies show that during childhood interactions become better co-ordinated, and children become more skilled at appreciating other people's perspectives, viewpoints and social circumstances (Rutter and Rutter 1992:146). Indeed behaviour *and* scholastic attainment demonstrate marked school effects (Mortimore et al., 1988), especially by way of the transmission of mores within peer groups (Rutter et al., 1979).

Also significant is what Coles (1997) refers to as "moral intelligence", something not comprehensively taught in schools, explicitly or implicitly. At elementary school, children become "moral creatures" and their conscience is built (ibid:98); however, when mixed moral messages are "taught", contradictions can leave children confused (ibid:129). Therefore, when teachers say certain things and behave in an opposite fashion, they are indeed not teaching or doing what they should. These inconsistencies affect children's subconscious minds and may trouble them in later life. Thus, schools are not merely for educating children but also teachers, who should willingly train themselves to fit in with the wider school ethos (Teerakiat 1997:54). Additionally, as Erikson recognised, teachers and parents (who can themselves develop *with* the children) should note the potential existing within children for their own development, and this is the essence of teaching systems such as Montessori (Lillard 1972:108).

Anastasi (1990:665) notes that a major ethical principle that should inform psychologists is concern for the best interests of society. Psychological studies have provided numerous findings with considerable ethical implications, as well as those related to cognitive development and socialisation. However, many teachers are unaware of the findings, and the psychology of education⁷⁹, though increasingly "child-centered", has not had considerable impact on classroom practice (Fontana 1995:25). This generates questions of whether teachers themselves should learn more about not *what* they teach but *how* they teach. They are indeed restricted by government curricula and how parents and society at large (including media) affect children's behaviour. Nevertheless, the "mainstream" educational establishment has not put into effect much of psychology's findings, nor have these significantly influenced wider social and ethical values.

⁷⁹ The branch of educational psychology aimed at helping teachers deal with children in classroom settings; while the other branch, school psychology, aims to assess children and make recommendations.

Evidence shows that children's long-term success depends on parental and family support for schooling, positive role models who stress education's value, a sense of (communal) responsibility, and an active goal-oriented approach to life (Rutter and Rutter, 1992:105). Moreover, a mutually-supportive common value network between home, school and wider society is fundamental to fostering positive effects. This may seem like an ideal, but it has prompted certain individuals and groups to direct their energies towards generating congenial school environments, which may themselves affect people in wider contexts.

6.4 INTEGRAL LEARNING AT A YOUNG AGE

My three-month stay at the Sathya Sai School (of Thailand) (SSS), a boarding school catering for 6-13-year-olds, provides much of my data on the significance of promoting integral development and integral health by means of formal education. SSS is located 7km. from Ajarn Prasart's* compound, and his services are frequently used by schoolteachers and schoolchildren.

Khru Nui* is a schoolteacher devoted to an integral approach to education with whom I spent much time. He has studied with Ajarn Prasart* for seven years in a "master-disciple" relationship, in which the master, as a source of considerable knowledge and *paññā*, is accorded the highest respect. Khru Nui*, though spending much of his spare time studying meditation techniques, *khāthā* and ancient scripts used to "charge" amulets, also studies for a Master's degree (Section 1.6). He has two children, a seven-year-old girl and a three-year-old boy, and cares for his mother, a widow of seventy-three with knee problems and difficulty walking. He has lived and taught at SSS with his wife (the school's accountant) since it was established in 1992 with the aims of:

1. Achieving a foundation for good character and behaviour in students,
2. Developing a methodology that will foster the all round development of the child physically, emotionally, intellectually, socially and spiritually,
3. Being a model school in human value-based education (SSS Handbook).

SSS is approximately 200km. from Bangkok, covering some 60 hectares in a rural area with a small mountain and a river nearby, and nearly 200 schoolchildren (85% Buddhists, the remainder Moslems). The school follows the Education Ministry's curriculum, however emphasises activities that "help develop character, discipline and good behaviour", while Sai Baba's five Elementary Human Values (EHV) of right conduct, peace, truth, love and non-violence are "integrated in all lessons" (SSS

Handbook). Dr. Art-ong*, head of the school's managing committee, as a scientist⁸⁰ is particularly keen on integrating EHV into sciences and mathematics (Art-ong 1997b). As for Khru Nui*, he told me why he decided to devote himself to teaching children EHV (13 February 2000).

On graduating from Chulalongkorn University in 1991, being already involved in the Sathya Sai Foundation (of Thailand), he taught EHV to police cadets as part of their ethical training. Though the work was difficult, in light of widespread corruption and dishonest practices, he persisted for a while, especially since his students got along well with him. Nevertheless, after six months, when one student came to him proud of his achievements on traffic duty and revealed that he had bought an expensive motorbike, a mobile phone and other "status symbols", Khru Nui* realised that his EHV message was not coming across effectively. He knew the student's monthly salary was 1-2% of the value of the products and he was from a relatively poor background. Also from knowing what went on with traffic police activities, he was sure that the money to buy the new possessions came from accepting bribes. This distressed him to the point that he decided that the only way to prevent such behaviour would be to teach young children and give them the knowledge and *paññā* necessary to live free from corrupt values propagated in society at large. It just so happened that at that time SSS was ready to start teaching.

At SSS I participated in and observed lessons, taught basic TCC to children and was consulted due to health problems. Here I wish to pick on certain general points and some particular cases that reflect issues of self-reliance, health and spirituality so far discussed. Like others, Khru Nui* notes that SSS schoolchildren are in many senses privileged. There are no tuition fees, class sizes are two-thirds the national average of over thirty, and donations from various sources mean that facilities in classrooms and beyond are above average standards, certainly in rural areas⁸¹. Furthermore, the schoolchildren regularly interact with and are mentally stimulated by 15-20 adult students (mainly teachers or in other areas of education) who come every term from various countries to attend courses at the (International) Institute of Sathya Sai Education (ISSE) located next to SSS.

ISSE courses are primarily run by Dr. Art-ong*, Dr. Teerakiet* and Loraine Burrows (a British national living in Thailand for over twenty years) who give lectures

⁸⁰ He was on the NASA team that designed landing devices for two Viking Spaceships' missions to Mars.

⁸¹ Facilities include a swimming pool and a modern playground. Nevertheless, teaching aids, artwork materials, musical instruments, canteen tableware, etc. are of basic standard, tend to be taken care of well and are rarely replaced.

on EHV and integral education every weekend. They also frequently travel abroad and hold seminars in EHV for education; usually in conjunction with local religious teachers, including Catholic nuns, Buddhist monks, and religious/spiritual teachers of Hindu, Moslem and Jewish traditions. Moreover, they were at the heart of the organising committee of the international conference “Strengthening Values Education: Innovative Approaches to Teacher Education for Peace and International Understanding” held in Prashanti Nilayam, Andra Pradesh, India (25-29 September 2000). This conference was initially organised by ISSE and UNESCO-ACEID⁸², but only three months before it took place the latter pulled out for obscure reasons. People running ISSE told me that much was due to a change in the directorship of UNESCO-ACEID and just reflected that certain people in the “international community” were not yet ready for more integral approaches to education. However, the conference went ahead and was deemed a significant success by organisers and participants (including hundreds of educators and several ministers from around the world).

Returning to SSS, despite all the conveniences and attention it receives, attending the school involves sacrifices many children and their parents are unwilling to make. For instance: no hot water for showers; daily 5.00am wake up calls for prayer and meditation; disciplined routines, including work in the fields cultivating rice and vegetables, helping in cleaning and washing up after meals; a vegetarian diet; and almost no privacy. In fact the school has a relatively high dropout rate, though this could reflect that over half the children come from broken homes, have experienced domestic violence and generally lack family support and affection. During my main stay and subsequent visits I got to know many teachers and students and found out about views on general education in Thailand, and what are considered SSS’s strengths and weaknesses.

Khru Nui* is particularly popular among schoolchildren, due to his gentle disposition, good humour, fairness and ability to teach engagingly and entertainingly; yet also informed by *contemplatio* made accessible to even the youngest children. He often leads communal meditation sessions and tells stories with ethical messages that keep the children’s attention. Regarding one question in an Education Ministry mathematics school textbook, he was concerned that asking: “If a farmer has ten cows and seven are stolen, how many remain?” could make stealing seem a “normal” activity. He felt that the question was dangerous, as it could affect children’s subconscious minds and later surface in their conscious minds, possibly leading to negative ideas and actions.

⁸² Asia-Pacific Centre of Educational Innovation for Development.

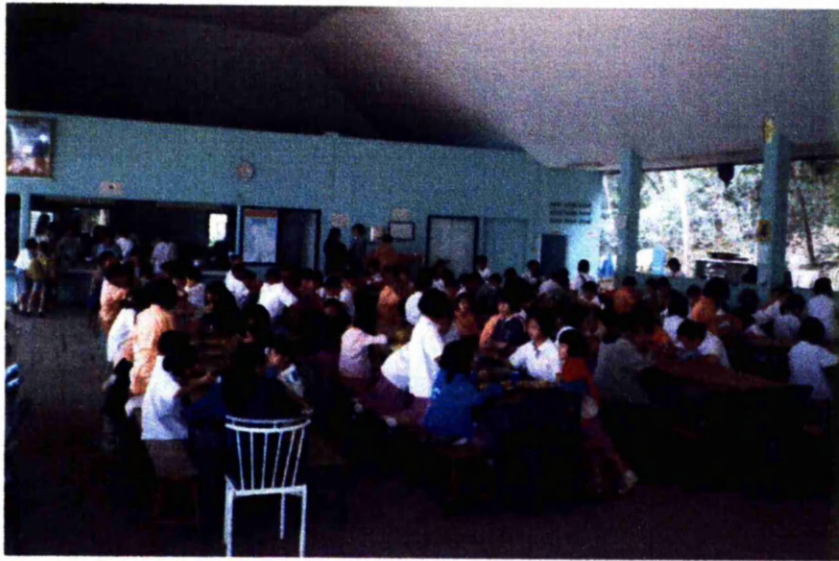


Figure 28. Finishing off lunch in the dining area of SSS.



Figure 29. Cultivating vegetables at SSS. A monk teacher (orange robe) and a teacher (yellow top) work with schoolchildren. In the background is the building complex with classrooms and administration.

Khru Nui* changed the question to: “If a farmer has ten cows and gives seven to his children whom he loves dearly, how many remain?” to convey a message including EHV, yet with the same academic content. He even wrote to the Education Ministry expressing his sentiments, and with the help of Dr. Art-ong*, with his influence in education policy-making, the question was altered for future editions of the textbook.

My experiences observing and participating in classes (sometimes helping children read and do artwork; sometimes interpreting to facilitate interaction between children, ISSE students and other visitors) suggest that SSS is far from “normal”, conventionally-speaking. Teachers are sensitive to children’s individual needs, and more-collective ones. More-experienced teachers have also become adept at disciplining children, or rather maintaining order when individual or collective attention strays from the essence of lessons. Khru Nui*, happy to spend much time “after hours” with the schoolchildren⁸³ is continuously enthusiastic about teaching. He teaches lessons (including physical education, music, geography and agronomy), taking a “hands-on” approach, in encouraging participation and playing an active role himself. Like the school nurse (also at SSS since the beginning), he successfully keeps children’s behaviour “normal”, in terms of avoiding selfishness and working for one’s own development in a community of others with similar integral perspectives.

These perspectives, though largely established by school governors⁸⁴, are encouraged to grow in the children as they learn; and teachers are encouraged to learn in similar ways, as explicitly established in the school’s aims, but also influenced by continual emphasis on EHV. Teachers are given considerable responsibility for teaching and taking care of the children, and several gladly say that they will stay at SSS for the rest of their teaching careers. Some twelve of the seventeen teachers are women, mainly aged 25-40, including a Japanese art teacher, an Indonesian assistant Grade 1-2 teacher and two North American teachers mainly for activity-based lessons and challenging EHV games for older children.

6.5 INFLUENCES THAT SHAPE CHILDREN

Loraine Burrows, fluent in Thai, author of several books on education with EHV and involved with SSS since it began, lived at SSS for seven years; but now, like Dr. Art-ong*, is Bangkok-based and spends more time integrating ISSE and SSS activities.

⁸³ His daughter included, while his son (though too young to attend classes) is often visible around the school grounds, e.g. at communal meal times.

⁸⁴ Led by Dr. Art-ong* and including Dr. Teerakiet*.

Having undertaken hundreds of in-depth interviews with SSS schoolchildren and many others, she concluded that children who like their teachers tend to do well in class, thus the importance of good role models (14 January 2000). Moreover, memories of teachers are invariably more significant than information they teach; therefore, teachers should establish relationships with students, so they learn virtue in character, compassion, independence and self-confidence. She feels, though, that teachers should fundamentally practice what they teach and set good examples when among students, something particularly significant in a boarding school where communal living is the norm. However, she believes that many SSS schoolchildren experience conflict between life at their homes and in the schools' controlled environment, especially with things like watching television, eating commercial sweets and consuming non-vegetarian food (common in many homes, unlike at school).

She cites research from John Hopkins University, concluding that over 4,000 studies reveal that the average child watches 1,680 minutes of television per week, while engaging in only 38.5 minutes of "meaningful" conversation with their parents. Therefore, the television, with stimulating sights and sounds, and conflicting and potentially-pernicious messages (including images of sex and violence), ends up a very influential "teacher" in itself. Sometimes there may be positive influences (e.g. regarding language learning); however, concerning tendency to violence and aggressive behaviour, the television has a powerful impact on children, especially those aged 0-4 (HSRI Bulletin. July 2000:2). Such findings are confirmed by many psychology studies linking aggression and criminal activity to high levels of exposure to violent television programmes (Shaffer 1993:624-625).

Loraine also cites research showing how family influences generally affect children more than school experiences, and consequently the social influence beyond SSS is often a significant counter-force that should be considered. She nevertheless believes that with the right methods and environment, children's consciousness can be changed, even if it is only a seed sown in the subconscious which may take time to affect conscious thoughts and deeds. She gives many examples of SSS children already being transformed by largely having overcome narcissism and being happy to help others for communal good. Sometimes this spreads to their families, and parents even turn up at the school expressing their joy. While Khru Nui* mentions how visits of older children to AIDS hospices to comfort residents begin with considerable apprehension; but, realising the school's ethos of *mettā-karunā* and mutual understanding, the children soon freely mix and chat with the residents, much to the latter's delight. By the evening the

children even feel that they have learnt much from their experiences, and not only are glad to have helped others, seemingly less fortunate than themselves, they will happily return.

I do not wish to paint a uniquely rosy picture of SSS, since it has its problems, whether with recalcitrant behaviour among children, complaints by certain teachers and disagreements among parents. Nevertheless, I cannot say that during my stay there was any violence more than occasional shoves (e.g. on the football field), any severe disciplinary action (which might incur physical or psychological pain), nor displays of overt individualism. Indeed the children, particularly older ones, had bonded well and regularly worked together with a convivial team spirit. Additionally, Dr. Art-ong* said that of all of Thailand's 40,000 schools, SSS is the only one guaranteed to be drug-free, something of considerable concern to parents nowadays (20 February 2000). One cannot say how the children will turn out as they develop and seek jobs in a competitive world, often amidst corruption. However, the thousands of visitors (among which Thai and foreign civil servants, academics, teachers, university students and journalists) who visit every year tend to leave with very favourable impressions.

According to Loraine, Khru Nui* and others involved with SSS and ISSE, the main "mission", given what is considered a significant demand for teacher-training across Thailand, is to spread core teachings of integrating EHV to all Thai schools. Between 1987-1999 over 15,000 teachers in Bangkok alone had attended Sathya Sai Foundation seminars and large numbers throughout the country had done likewise. Nevertheless, with some 700,000 teachers in Thailand, there is still much work to be done, especially regarding improving teaching quality. This does not imply rigidly using SSS as a model (especially as its location cannot be reproduced, and being a boarding school may be impractical in many situations), rather adopting its principles of integrating EHV and encouraging creativity through singing, music, artwork, poetry, sports, etc.

In gauging SSS schoolchildren's actual health from an integral perspective, establishing a definitive assessment for comparisons with other schoolchildren is hard. Regarding physical health, Dr. Art-ong* notes that several tests have been undertaken and have shown favourable results. Moreover, in the annual provincial inter-school contests I attended (11-12 January 2000), the children did relatively much better than any other school. Psychometric studies have also been undertaken, and along with exam results, these likewise prove favourable. Regarding spiritual health and social awareness, no standard tests exist. Nevertheless, many visitors who consider such issues state that

the schoolchildren are exemplary, especially compared to schoolchildren in Bangkok. Generally children have few difficulties visualising light permeating throughout their bodies and spreading it to all other beings in the world and beyond, in what is called the “Light Meditation”, and practised every morning. Furthermore, when I taught TCC, and even self-defence applications, they tended to have a good understanding of the breathing techniques, the health benefits and harmonising with the energies of “opponents” without inflicting harm.

One twelve-year-old girl (with no close family other than an aunt who is a busy professional) did stand out, having occasional bouts of depression and experiencing times when she wanted to be alone. I spent many hours talking to her to discover what made her feel this way and have trouble visualising light in Light Meditation sessions, and it transpired that she was aware of a blockage inside her and was frightened to confront it. She described that she could not lead light in the visualisation down from her “third-eye” to her heart because she felt resistance and feared it. In discussing this case with Dr. Teerakiet* (with extensive child psychiatry experience), it appeared that the girl was repressing traumatic experiences. I was informed that she had come to SSS when she was seven-years-old and was very unruly, once even punching another student in the face, something that had never happened before nor since. It became obvious that she lacked love and affection and sought attention, but many teachers told me that she had improved substantially since arriving at SSS. This was reflected in her artwork, which had developed from paintings dominated by dark shades and limited creativity to ones with lighter colours and spiritual “implications” (e.g. blooming lotuses and Buddha images). During my stay she did not seem to change significantly, though I would suggest that she became increasingly committed to overcoming fear in the Light Meditation.

Generally, cases of children with ailments (e.g. toothaches, stomach-aches and cramps) reflect limited insights into causes of these conditions and their possible prevention with lifestyle changes; whether eating habits, brushing teeth after meals, exercises or posture. Ajarn Prasart* recognises these shortcoming and attributes them to insufficient *individual* involvement in the learning process, which comes from introspection and using one’s own senses and experiences to gain knowledge about oneself, others and the environment. Consequently he feels that SSS schoolteachers often lack self-reliance in their own healthcare, especially prevention, and therefore are unable to teach the children such things. He puts much down to individual propensity and so-called “innate” capacity to learn, yet adds that most people would benefit greatly

from developing mindfulness and committing themselves to practising gaining *paññā* and reducing their sense of *attā*. He thinks that the school environment is conducive to such development, certainly more than other schools; nevertheless, “internal” work of the contemplative nature depends on many other factors governed by *Dhammaniyāma* and particularly karma.

6.6 A CASE OF MONTESSORI IN THAILAND

International schools in Thailand arguably “...look forward to a global society which stresses truths that are universal” (Sharples and De’ Ath 1997:20). This prospective “meta-society” may be an “ideal” with legitimate altruistic motives, yet many people in Thailand see international schools as valid business opportunities worth attention and investment, given high demand for such education. Such a focus on financial gain may be “justifiable” if quality (academic) education is provided, but it still poses questions about the ethical behaviour of children experiencing such education. My experiences teaching at universities in Bangkok, where thousands of students from international schools attend, are such that these students do not behave significantly differently from students having gone through the “Thai” system. Naturally, variations exist between schools and generalisations are of limited validity; however, below a school classing itself as “international”, yet taking a different approach from the mainstream is considered.

The Chiang Rai International Montessori School (CRIMS) was established in August 1999, with the mission “to provide high-quality affordable education cultivating children’s potential for life-long joy of learning” (CRIMS Handbook). It is a non-profit organisation in which all proceeds are re-invested to continually improve teaching quality and expand the school. Nevertheless, by local standards, the school’s fees are relatively high; partly explained by two North American expatriate teachers receiving salaries some 4-5 times higher than average Thai primary schoolteachers. Thus far the project is relatively small, however plans exist to expand considerably in coming years. There are four teachers (two Thais and two expatriates), three assistants and just over sixty schoolchildren, about half and half in 3-6 and 6-9 age groups, though children of all ages interact regularly. A local philanthropist interested in “alternative education” donated most of the funds required to establish CRIMS, and board members include a retired UNICEF programme officer and an expatriate biomedical doctor involved with large-scale MoPH projects. Furthermore, Ajarn Sulak* occasionally visits the school to

lead discussions on developing effective education; thus, like SSS, CRIMS enjoys a relatively “high profile”.

Here CRIMS is used as a brief case study of an “alternative” model of education in an area relatively far from Bangkok (c.800km.). CRIMS, working within local cultural contexts, uses Montessori’s broad guidelines (e.g. building on children’s innate motivation, and learning through exploration to achieve individual potential and think for oneself and the good of the community). Unlike SSS, CRIMS makes no explicit references to spiritual development, nor are there prayer and meditation sessions; rather, it focuses on the natural curiosity of the child in creative areas such as woodwork, handicrafts and painting. English is the main medium of instruction and there are several children from mixed marriages and expatriates (mainly Westerners and Japanese). Parents and other interested parties are encouraged to visit classrooms. In fact, being a day school less than 10km. from central Chiang Rai (with few traffic problems), parents regularly visit the school and even accompany teachers and children on occasional field-trips for learning experiences.

Regarding children’s health, there are specific policies to ensure well-balanced, nutritious meals with organic foods and excluding commercial sweets and other highly-sugared foods. Furthermore, parents are discouraged from sending children to school if they have symptoms such as fevers, rashes, persistent coughs or diarrhoea. In the TCC and yoga-based activities I taught (with an assistant), children were generally responsive, active and disciplined. Concerning instilling values related to communal welfare, children are generally left to their own devices, with occasional disciplinary measures, such as sterner language and sometimes telling children (invariably individuals) that they may have to spend the next lesson alone (something which rarely happens). This approach differs from that at SSS, although certain similar methods are used (e.g. keeping children alone), mainly by being more *laissez-faire* regarding children’s development. In fact the general Montessori philosophy towards discipline problems is that they can be overcome by instilling a will for self-discipline and voluntary obedience (Lillard 1972:81).

CRIMS also has less emphasis on spiritual/religious practices, *vis-à-vis* generating an environment where children can “develop and refine their minds, bodies and senses” while “the community” builds in them “...self-discipline and motivation, awareness of the needs of others and a sense of self respect” (CRIMS Handbook).

Assessment of the children's development regarding IQ, EQ and MQ⁸⁵, or any other measures, would be difficult because the school is so young. Thus, teachers, committee members and parents and their attitudes to integral development and integral health are considered. Many of these people are quite highly-educated and include biomedical doctors, members of the local Rotary Club, local professionals and merchants (often in commercial products, including "Western" bathroom facilities, computer equipment and textiles). Social scientists looking for "class differentiation" might demand further expatiation regarding "status" and respect accorded, or empirically verifiable factors, including income, capital and access to various resources. Nevertheless, as discussed in Section 3.8.2, regarding needs, and present in a theme reoccurring throughout this thesis, reliance on such measures (apart from extreme cases) does not necessarily correlate to "high standards" of integral health, well-being, nor consciousness development. This should not mean that income, particularly, does not influence access to education, for it clearly does; yet in SSS, for instance, schooling is at a minimal cost. Nevertheless, money in modern society is clearly an "eye-catcher" which can distort the picture, while the *whole* picture is what counts most.

Child psychologist Helen Bee (1997:407) says "effective schools" are characterised by pupils' qualities, school goals, teacher experience, building surroundings, classroom organisation, homework, discipline, praise, responsibilities for children, size and (last on the list, and even excluded in previous editions) money. She (ibid:407) feels that increasing monetary expenditure (beyond basic needs of a safe and clean environment with "highly competent" teachers) does not change school quality automatically, though when additional money is "carefully spent" it may have positive effects. More relevant is overall climate/ethos, and significant similarities exist between "effective schools" and "effective parents".

Effective schools tend to be *authoritative* schools, rather than permissive or authoritarian schools, and have "...clear goals and rules, good control, good communication, and high nurturance" (ibid:406). What matters is the school *as a whole*, including shared goals of administration and staff, dedication to effective teaching, concrete assistance provided for such teaching and respect for pupils, parents, and buildings. Shaffer (1993) makes similar observations, seeing authoritarian styles, associated with depending on power and assertive methods to enforce demands, inferior to authoritative approaches, where teachers also control, but rely on reason to explain

⁸⁵ What Dr. Teerakiet* (2000:3) calls a Moral Quotient; related to ethics, unselfishness and balancing "love" and "law".

demands. They also encourage verbal give-and-take and value autonomy and creative expression, as long as children are willing to live within the rules teachers establish (ibid:641). Shaffer (ibid:663) concludes that “human resources”, encouraging motivation to learn, guidance and feedback make schools “effective”; not the physical characteristics of schools, classroom structures or money spent per pupil.

The approach favoured at CRIMS arguably works from the top down, by encouraging children of more wealthy parents to think in more socially-aware manners. Discussions with children’s parents revealed that this is not necessarily their main objective, and some indeed seek a primarily English language education in a safe and “respectable” environment. One father, whom I talked to at length, due to his interest in meditation and alternative healthcare, graduated from Mahidol University and is now a practising plastic surgeon enjoying considerable financial success. Once we began discussing more profound matters of spiritual development, including not getting caught up with attachment to the body and particularly appearances, he said that he indeed did re-constructive surgery, despite almost insignificant demand compared to eye and nose operations for “beauty enhancement”.

Many parents may not be legitimately interested in spiritual development nor even know what this implies, but two of the school’s founders (with whom I spent most time) are keen to direct much effort into changing the consciousness of as many people as possible. They are Wisit Wangwinyoo and Melanie Kilmarx, both with children at CRIMS. Wisit, a long-time friend of Ajarn Sulak* and “veteran” from the 1970s Thai student protests, has translated works of writers such as Thoreau and Emerson into Thai. He is also part of a government “think-tank”, including Dr. Prawet*, involved in establishing a format to reform healthcare in Thailand over the coming 2-3 years (Section 7.10). Melanie has been living in Chiang Rai for the last five years with her husband Peter, an epidemiologist heading the Chiang Rai Section of The HIV/AIDS Collaboration between Thai and US governments, and also involved in CRIMS activities. She formerly worked in the US navy as a physiotherapist and continues to do healing work. Both she and Wisit wish to integrate Eastern and Western teaching methods and encourage CRIMS teachers, especially the Westerners, to practice meditation. They feel that, given their experiences and the people they meet and deal with in Chiang Rai (including the major, a senator, and civil servants involved in education and healthcare), they are most likely to effect change by influencing more “high-profile” members of society.

6.7 OTHER EXAMPLES OF EDUCATION FOR PREVENTION

Many cases exist of individuals and groups working for communal good in Thailand, aiming to teach prevention of disease/illness and misfortune. Ajarn Sulak* is often identified with several organisations established to foster self-reliance and encourage socially-engaged Buddhism. Most are under patronage of the Dalai Lama, Thich Nhất Hạnh⁸⁶ and Phra Dhammapitaka, with Dr. Prawet* and others as committee members. They include: The Sathirakoses-Nagapradipa Foundation (SNF) (founded 1968), an NGO focusing on helping artists and writers "...survive without selling their souls and facilitating educational, cultural and spiritual activities" (SNF 2000:13). The Thai Inter-Religious Commission for Development (TICD) (founded 1980), with the mission of heightening concern of Buddhist monks and nuns about ethics, community development, public well-being and other socio-economically and politically-relevant issues. TICD seeks to instil basic Dharmic principles, especially mindfulness and *mettā-karunā*, into how people view modernisation and development. While TICD is a national organisation, the International Network of Engaged Buddhists (INEB) (founded 1987) links socially-engaged Buddhists internationally, though, despite its name, it has interfaith elements. It mainly deals with spiritual training, alternative education and development concepts.

The Spirit in Education Movement (SEM) (founded 1995) seeks to promote holistic educational approaches and experiential learning. Courses are taught to develop analytical skills and foresight, and to understand the significance of socially-engaged Buddhism, community development, conflict resolution and benefits of "simple lifestyles". A school with connections to SEM is Moo-Ban Dek (Children Village School), a boarding school established in 1979 in rural Kanchanaburi Province (c.170km. west of Bangkok), following discontent with the prevailing system of dictatorial politics and authoritarian education (Pacarayasara, July-October 2000). The school's philosophy is strongly influenced by that of England's Summerhill School, where children are encouraged to articulate inner thoughts and feelings, and can choose activities they participate in; though, stressing Buddhist values, it applies these to local contexts.

The school, with over 200 children (nearly all from broken homes or poor families), presents an alternative to Thailand's present education system and selectively uses the Education Ministry's curriculum, discarding subjects considered redundant and

⁸⁶ A well-known Vietnamese monk, writer, leader of meditation retreats and peace activist.

focusing on vocational training. According to headmistress Rajani Dhongchai, the existing Thai education system places excessive pressure on pupils by focusing on competition; thus, in the school "...there are no competitions, no losers and no winners. Pupils work together" (The Nation, 18 August 1996). Furthermore, the school highlights "...concentrating on the inner nature, and only narrowly on the level of raw emotions and feelings, [so] the supportive relationship between emotions and wisdom is nourished, according to the doctrine of *Dependent Origination*" (Rajani and Pibhop 1997:44).

Projects of socially-engaged Buddhist activities are discussed by, among others, Sanitsuda (1994), Queen and King (1996) and Francis (1999); while Pinit (1996b) seeks to show how several monks and physicians across Thailand, driven by *mettā-karunā*, offer low-cost or even free healthcare and advice. These activities often involve only one or a few people, or may range from small to large organisations. However, they still are a small minority, and, for instance, in its glossy book "Education in Thailand 1997", the Office of the National Education Commission (1997), makes no mention of such activities [other than three pages (ibid:50-52) with isolated references to "wisdom", "spiritual development" and extending "help unselfishly"] nor any "alternative schools". Instead it emphasises qualifications, economic and industrial development, technology, modernisation and globalisation.

Nevertheless, even without an integrated national framework, socially-engaged activities are arguably growing in number. For now, having discussed SSS and CRIMS, relatively well-established projects incorporating several people, three cases of individuals and groups working on less formal and smaller scales are considered.

6.7.1 SEEKING TO EXPAND, YET LACKING PERSONNEL

Like many others aware of general dissatisfaction with the current education system and wishing to add a more "human face" to education, Melanie and Wisit of CRIMS recognise that finding teachers committed to more integral education is not easy. Kietchai Suwankamon⁸⁷ (Section 5.10), is of a similar view, only more frustrated, since he wants to set up a school to teach EHV along SSS lines, yet cannot find personnel. He feels that, since SSS is a model school and first of its kind in Thailand, other such schools should not be too hard to establish⁸⁸. He has already put aside sufficient

⁸⁷ At whose house I was a guest for a week in December 1999.

⁸⁸ Before it, schools with similar principles were established in India, and, since it began, there have been others in several countries; including ones in Africa, Europe and the Americas.

financial resources and land, and has looked into the demand for subjects (given social and economic changes in the relatively prosperous local area), but still seeks teachers. In the meantime he makes donations to existing charities, though he feels that the most effective social work is educating young children in EHV. To this effect, he and his wife already have some experience. On the fourth floor of their large six-story home (near central Chiang Rai, with a shop selling metal sheeting and parts on the ground floor) they have a free day-care service for the pre-school children of about ten local couples. In addition they have adopted and are raising two abandoned young boys (aged one and two-years-old). They feel that this is not the best way of reaching a wide audience, yet it helps them develop their own consciousness and act as examples to others.

In their free time the couple help co-ordinate EHV activities for children and youths of similar ages to their own four children (aged 15-22). While some of their workers are involved in charitable activities, including a local thirty-member rescue service, registered as a foundation and working in conjunction with the police and CRPH. From attending their meetings and discussing their challenges, I propose that they deal with extreme symptoms of individual and social ills. Often, they find road accident victims (invariably caused by combinations of speed and intoxication) suffering severe injuries or having lost their lives. They feel that this could be largely prevented, but even during festive times of New Year they go out⁸⁹. The rescue service members keenly note that local participation in solving (or better preventing) individual and social problems is the key to success. They argue that the Thai government is encouraging greater self-reliance in local communities, but root causes of problems are generally not effectively dealt with.

To this dilemma, Kietchai, who has donated a pick-up truck and other items to the rescue service, feels there are no immediate solutions and recognises the limitations of an individual seeking to teach EHV in a society where conflicting values are propagated. A relative of the late Dr. Thara (Section 4.11) and familiar with benefits of TTM, Kietchai often uses medicinal herbs and visits massage therapists, including Ajarn Saengduen*, when suffering certain physical-mental ailments. He believes that Thai massage's bad reputation due to association with the commercial sex trade is unfortunate, and considers this another problem caused by inappropriate education. Nevertheless, he feels that he does not have the propensity to be a schoolteacher, and his own vocation is business. Thus, he would willingly offer financial assistance to establish

⁸⁹ When accidents increase and no-one else might make the difference between someone dying by the roadside or being given vital first aid and taken to hospital.

a school he hopes would allow him to help society and cater for more people than he already affects. For now, he looks forward to opportunities and hopes that his efforts so far will yield results.

6.7.2 FROM DENTAL HEALTH TO INTEGRAL HEALTH

Potentially one of the most successful attempts to generate awareness of health issues encountered during fieldwork was the Centre for the Promotion of Dental Health, established in 1996 under the auspices of Chiang Rai's provincial MoPH office. This may not constitute a breakthrough in making people realise the significance of the broad spectrum of integral health and how to reduce *dukkha*, yet it serves as a model clinic, having achieved considerable results in improving dental health and encouraging family and community involvement. Situated in a purpose-built three-story, detached building near central Chiang Rai it initially suffered from insufficient funding. However, when local residents were informed about the project and its likely positive impact on dental health, and intended focus on teaching children, donations and reduced prices (e.g. with construction materials) were forthcoming. One shop owner, who provided materials in advance at cost, has still not received full payment for his products; but, knowing of the centre's benefits and limited funds, he is not rushing to have the debt cleared.

The centre mainly revolves around services offered in four rooms, each with a modern-looking, mechanised dentist's chair and equipment. The four chairs were originally found abandoned in a CMU warehouse, and were acquired, repaired and renovated at 10% of the cost of new ones. The building includes a display and demonstration area with wash basins and mirrors (like in bathrooms), where particularly children are taught about dental hygiene and care. This simulation of "real-life" situations in a "user-friendly" environment is considered important in stimulating behavioural changes, with the objective of self-reliance when children return home.

To render people aware of dangers of leaving teeth improperly cared for, visual images, especially allowing visitors to look into microscopes showing bacteria living on their own teeth, are employed. This method of using fear and developing interest in solving (or rather preventing) personal problems (cf. Section 7.4), by actively brushing teeth as taught at the centre, has proved effective. However, family participation beyond individual change is strongly encouraged, so a more communal feeling toward this aspect of healthcare exists and greater mutual support is engendered at home. For instance, children dress up as dentists to have a go at checking their parents' teeth and have their photographs taken as souvenirs. Contact with feared stimuli can be made

entertaining and effective in overcoming phobias (Bandura 1969), something Mor Noi* recognises. Since the centre's services are inexpensive, many people waiting for family members or friends being checked or treated assist staff (e.g. helping fold pieces of gauze, putting order in the teaching section and preparing materials).

Until now, integral health has not been discussed, yet many people working at the centre are interested in meditation and diverse forms of healthcare⁹⁰. Moreover, they often visit temples and homes of the underprivileged for merit-making, thus being charitable and developing a communal spirit. Mor Noi*, considered the most experienced meditator (having participated in several courses and practising regularly), often organises events geared toward social engagement and spiritual development. She is unmarried, having spent much time studying both formally and by herself; and her aunt, Khun Wilaiwan* (with whom she lives), often jokes that, though many men have shown interest in her, none have been clever or wise enough. Mor Noi* feels that each person should do what they can to development themselves and help others. She is aware of shortcomings in Thai healthcare and considers herself lucky to work at a centre adopting a relatively innovative approach. Nevertheless, she believes that in any "framework" one can still work to change things, so that they are less "corrupt" and lacking in potential for communal harmony and benefit. For her, change may take time, but creating suitable conditions and subtly teaching people about their responsibilities may catalyse matters. For instance, she feels that even at the centre she can teach about dental health and include other messages in paralanguage and non-verbal communication. Consequently, she may not discuss spiritual issues *explicitly* to most people she deals with, but she tries to convey the *essence* of Dharma in how she lives her life and interacts with others.

Mor Noi* particularly enjoys working with children, as she notices how they quickly and effectively respond to stimulus tailored to their stages of development. However, she feels that the most significant change has been how her colleagues, both from the centre and related ones in Chiang Rai province, have become more aware of integral health. Talks and practical sessions on "alternative" health and healing are often held at Mor Noi's* centre (I gave two), and just before leaving Northern Thailand I met Mor Noi and seven colleagues in Chiang Mai at the home of the meditation teacher mentioned in Section 5.7. They were learning about the relevance of physical, mental and spiritual disease, and about to commence five days of meditation. Mor Noi* realises

⁹⁰ Including macrobiotic diets, herbal medicine, TCC-like exercises, yoga, traditional Thai massage, reflexology and acupuncture.

that some of her colleagues are still strongly influenced by egocentric drives; nevertheless, by even spending time off to meditate, as opposed to going away for pleasure-seeking holidays, they show the potential for behavioural and affective changes. Mor Noi* gladly “works with” this potential of her colleagues and patients, and therefore feels that she does what she is best cut out for in her commitment to help and teach others.

6.7.3 CHALLENGES IN MODERN MEDICAL EDUCATION

While in the Philippines in April 2000 (Section 1.4), I shared a room with the only other conference participant representing Thailand, Dr. Phitaya Charupoonphol. During our stay we spent hours discussing healthcare in Thailand and particularly problems associated with the dominance of biomedicine and changing lifestyles. Dr. Pittaya, head of Mahidol University’s Department of Family Health has considerable experience in preventive medicine and is interested in alternative medicine. In 1999 he attended one of the first MoPH courses to train physicians in acupuncture, being taught by Dr. Santi* and two other recognised acupuncture experts. Dr. Pittaya furthered his acupuncture studies in Shang Hai, and recognises that in Thailand acupuncture is becoming increasingly popular. Also significant is government approval of TCM in general (Post, 16 April 2000) and its attempts to combine acupuncture with biomedicine (KTT, 3 August 2000).

Dr. Pittaya says that since he lives quite comfortably, he feels the need to be charitable and use his knowledge and skills to help others. Aside his assistant professorship at Mahidol University, he owns and runs a private clinic with his wife, a trained nurse. However, he does not charge more than the basic cost of resources used, usually B100 (£1.70) for an acupuncture session; while many doctors, some of whom he feels mainly seek financial gain, charge more than B500 (£8.50). One of his colleagues, charging B500 a session, earns some B100,000 (£1,700) per month in addition to his civil servant salary (less than 20% of this). Dr. Pittaya feels that in modern-day Thailand people believe that they can buy their health and are victims of marketing strategies, he also thinks that TTM is likely to go this way. He would like to learn more about traditional herbs; but is concerned about their quality due to limited standardisation and controls, which often means that fungus is found on herbs sold commercially. The answer would be either a greater sense of ethical responsibility among those preparing herbs, or, arguably more reliable and more likely given global trends, tighter FDA regulations (Section 4.11).



Figure 30. Mor Noi* teaching children about dental care. The “demonstration room” of the Centre for the Promotion of Dental Health, Chiang Rai.



Figure 31. Dr. Pittaya talking about healthcare in Thailand. At the conference “Indigenous Maternal and Child Health Care, Child Rearing and Nutrition Practices in Southeast Asia and China” in the Philippines.

Dr. Pittaya feels that an advantage of recent socio-economic trends is that knowledge of healthcare practices has become more available, with the greater systemisation of more-formal education. The problem of not openly sharing what traditional healers know, suggest Brun and Schumacher (1987:7), hindered the frank exchange of knowledge and experience, and contributed to TTM's fragmentary nature and its lack of acceptance by medical authorities in the early-twentieth century (Section 4.2). Similar secrecy over traditional medical or wider health-related knowledge has characterised many societies (Blofeld 1973, 1980), and is often justified due to various fears. For instance, knowledge may be used incorrectly (e.g. healing techniques); power or martial prowess, used immorally, may harm or even kill "innocent people"; students may harm themselves, as with certain sexual yogas⁹¹; and ultimately, in all "arts" of "value", one's "disciple" may use/misuse techniques for their benefit and one's own loss (*vis-à-vis* clientele, earnings, prestige etc.).

When studying acupuncture with Dr. Santi*, he insisted I arrived at his home before 6.30am, as a commitment and so we could understand each other better. He also did not allow me to insert needles into human flesh until I had studied the body's 360-plus acu-points and developed finger strength by inserting needles into a cotton mass for over a year. Arguably, I was fortunate to have had the opportunity to learn, for Dr. Pittaya mentioned that his own wife's grandfather, a capable TCM doctor, would not teach him. He felt that this aspect of secrecy, even if it was for family (by blood) motives, was for selfish reasons and did nothing to help society if people proved themselves morally upright and able to learn. Nevertheless, much commercialisation of TTM and other forms of healing knowledge and practices, and their concomitant exploitation for egocentric gain, may be caused by proponents not abiding to inherent ethical principles, intended as part of the "whole package".

In rural areas, locals, and academics studying them, informed me that indigenous knowledge is a sensitive issue which is prompting the Thai government to pass legislations protecting and promoting indigenous TTM knowledge (both officially recognised and yet to be investigated). This point is commonly raised in TTM circles, and voiced in articles (e.g. Post, 15 February 1998, and KTT, 17 April 2000) and the "manifestos" of NGOs. Traditional healers, researchers and NGO workers even warned me to beware of, or avoid, looking into certain aspects of TTM, particularly herbal formulas. This was most poignantly conveyed regarding Phayao province, where in

⁹¹ Wilhelm and Jung 1979, and Chia and Winn 1984.

1999 a British “student”, funded by a US company, supposedly “stole” valuable formulas and sold them on the Internet as commercial medications.

Concerning this problem, one of the core issues at the conference we met at, Dr. Pittaya feels that there are no forthcoming solutions, given conditions currently prevailing in society. With a change in individual and collective consciousness, the problem could be resolved; but this would entail facing the root cause, *tanhā*. Regarding “the supernatural”, Dr. Pittaya feels it is not a realm of nonsense if phenomena attributed to it can be studied scientifically (Section 1.7), yet, he says, in its current state “modern science” is slow to recognise these higher levels “within” the mind. He feels that the modern (especially biomedical) education system does not emphasise ethical matters to the extent that would prevent the selfish exploitation, consumerism and *dukkha* that exists nowadays; and this is its greatest challenge.

6.8 TRADITIONAL HEALING KNOWLEDGE: PROBLEMS OF TRANSMISSION

Possibly the widest and most contentious body of knowledge, is that of *transcendelia*, or realms of *contemplatio* producing *paññā*, and how it is taught and practised. Again Thailand’s diversity of experiences in areas of traditional healing and spiritual development mean that only few cases can be used to elucidate existing challenges main informants feel individuals, groups and collective humanity should face.

Initially, the message Phra Dhammapitaka thought I should leave Thailand with, when we met at the temple west of Bangkok where he lives (1 September 2000), is considered. He was ordained as a Samanera when aged eleven. He later excelled in Dharma studies, being the fourth person to reach the highest level of Pali study before the age of 20 (when he became a monk) since Bangkok became Thailand’s capital in 1782. Subsequently, the King has honoured him with several titles. Winner of the 1994 UNESCO Prize for Peace Education, he has written numerous books available in Thai and English, is widely “[a]cknowledged as an outstanding scholar” (Swearer 1999:459), and has travelled extensively to teach Dharma, guided by his “...astute awareness of the state of people in the present time... [and] his keen interest in other fields of knowledge” (Evans 1999:5). Recently Phra Dhammapitaka has often been in hospital, due to frailty and lung problems, and presently he receives few visitors. Nevertheless, in his small private room are shelves of books and a computer, and he continues to write about what he considers to be applications of Dharma.

Practice brings spiritual development, yet, without theory, practice is risky. Many more (formally) educated informants, despite stressing practice, feel written teachings, like Phra Dhammapitaka's and Buddhadasa Bhikkhu's, are useful in this age of growing literacy and scientific inquiry. Traditional knowledge may still be valuable, but, as I suggest elsewhere (Roncarati 2000), its acceptance and potential future use depends largely on how those in positions to sway policy decisions and general public opinion deal with it. Regarding individual roles in promoting integral health, self-study from books, other media, or observation (coupled with practice and testing) can enhance this. The nature of information technology makes such learning both easy, due to abundant knowledge never before publicly available, and complex, since many materials are of debatable quality or contradictory. Yet, a "high level" of achievement, essentially via self-study, is possible, as Luang-poo Putta-isara* and Ajarn Prasart* demonstrate.

In Bangkok's Lumpini Park, where I formerly practised Chi Gong exercises, I got to know a son of poor rural parents who studied much traditional knowledge and taught himself yoga from books, practising until he became a teacher in his own right (Figure 32). He also practised soft martial arts and gladly shared with others what he had learned about various aspects of health from personal experiences. Here links between the self/*attā* and others can lead to all parties concerned benefiting, *or* exploitation and *dukkha*. This is what Phra Dhammapitaka feels is vital, and he puts the results of human history down to *ditthi* (view/belief) and the associated *cetanā* that instigates karmic consequences. He says that the interplay between individual and collective *ditthi*, and *cetanā* and karma have brought about the general belief that humans can conquer nature and pursue materialistic development, while modern science can resolve all problems (cf. Payutto 1995a). This is *micchāditthi*, producing egocentric competition for resources, unwholesome business dealings and *tanhā* for worldly greatness and power. He thus feels that people should not act without considering wider consequences and should adopt *sammāditthi*, approaching problems with holistic perspectives.

Phra Dhammapitaka suggests that healers and "teachers" can establish suitable environments, particularly helping patients calm their minds and develop wider awareness, which themselves promote healing effects. Considering Buddhism's important role in Thai healthcare (Payutto 1998b), Phra Dhammapitaka proposes that all activities related to healing and medicine are directed to achieving human and societal well-being, and thus are dealt with by Dharma (ibid:2-3). This implies correcting mistaken, narrow biomedical views, with emphasis on the body, and adopting greater degrees of holism (ibid:6-8).



Figure 32. Flexibility and balance from determination and self-practice.

Dr Pennapa* noted that essentially TTM *is* Buddhist medicine and adopts a scientific approach (4 September 2000). It is also essentially concerned with karma (Pennapa 1994a). She feels that cause-and-effect links have been observed and clearly understood for centuries; but, relative to biomedicine, formal research is severely lacking. Thus, she encourages data collection at all levels of TTM, from individual healers (many rarely take notes on their treatment experiences) to hospitals with TTM services. She suggests that recent global changes mean we are a “new generation” that should carefully evaluate old ways (not refute them outright), and seek to integrate them with the “modern system”. She proposes that this would be best done by publishing books, distributing information and promoting training courses at local community levels; these especially involve volunteers and use existing networks, while also developing new ones. She argues that such a focus on primary healthcare will result in self-reliance, with patients able to make well-informed decisions about the treatment they receive, based on availability of services that are holistic and integrated.

While many people fear that knowledge of traditional healing is dying out (Post, 8 February 2001), and locals in some rural places told me that nowadays, being “developed”, their areas have hardly any traditional healers left, I did find several people of the “younger generation” keen to learn. These include Khru Nui*, some nurses in their early-twenties and an unmarried Chiang Rai resident in his late-thirties, whom I met several times at Ajarn Chan’s* home and the temple Wat Phra Norn to the east of town, the only place in the province where TTM courses are taught⁹². The TTM student, who works as a merchant, but wishes to acquire the “art” of TTM, as he knows no other, recognises limitations of learning the way he does. He said that at Wat Phra Norn he and 10-15 other students (local women and men of various ages) mainly study books and must only memorise names and properties of herbs to pass exams (29 July 2000). If successful, he added, they can proudly hang a certificate on their wall. However, he feels that pursuits of standard research and academia do not lead to *paramattha-sacca*, and nowadays there is excessive emphasis on qualifications and not enough on virtuous conduct.

The TTM student cites Ajarn Chan* as someone without formal qualifications, aside nine years of state schooling and *naktham ēk* (the third and highest level of basic monastic Dharma study) from being a monk for seven years, yet with years of experience and the healing art “within” him.

⁹² At the time of writing, Chiang Rai’s MoPH office is considering three other sites for TTM courses.



Figure 33. Students of TTM learning about herbs. Here familiarising themselves with names and curative properties at Wat Phra Norn, Chiang Rai.



Figure 34. Ajarn Chan* in his shrine room with offerings from a patient.

This art, especially manifested in treatments with herbal remedies, comes from extensive self-study, though he learnt much from his grandparents and other monks when he was ordained. The TTM student feels that nowadays acquisition of such knowledge is difficult because of distractions and changes in natural and social environments. Like several others, he believes that the Sangha's role in education has diminished to the extent that the average person's knowledge of Dharma has decreased. This was caused by the break from "informal teaching" in monasteries to provincial school-based "...standard education under the supervision of a centralised educational bureaucracy" (Tej 1970:13), in the century or so following the beginning of King Nangklao, Rama III's reign (1824). Thailand's "educational modernization" brought benefits by shaping the ideas of Thai leaders during King Chulalongkorn's reign (1868-1910), so that, like Japan, Thailand "...survived the most dangerous epoch of Western colonial expansion...without humiliation" (Wyatt 1967:609). These benefits are reflected in greater gender equality in access to education and wider dissemination of "conventional" knowledge, allowing quantitative economic development at a rate greater than many of Thailand's neighbours. Yet these changes have led to "losses" in the "essence" of healing knowledge.

This essence, Ajarn Chan* says, is a commitment to sincerely helping others without wishing to receive much praise and wealth. In his compound, on the edge of Chiang Rai, he has three old wooden buildings, one where he lives and works with his herbs, one where up to three patients can stay and one where he stores and dries herbs. Once, when I visited him (13 July 2000), a 75-year-old woman, who had been staying in his compound for three months, while being cured of a badly-broken leg, was being taken home by her daughter. Ajarn Chan* performed certain rituals and gave her medicaments and instructions. The daughter in turn gave an offering with carefully-prepared flowers, candles and incense sticks.

After the women left and Ajarn Chan* took notes on the healing case (something he does regularly, since advised several years ago by one of many healthcare workers who visit him), we went to his shrine room on the first floor of this two-story home with the offerings. There, he mentioned that he had no idea of what financial payment he might receive (included in the offerings). He said that the woman had received "free" accommodation, but paid a nominal amount for the water and electricity she used in cooking her own food and other activities. As for the herbs and Ajarn Chan's* services, the woman, like others, had "offered" B136 (£2.20) in a ritual to mark the beginning of the healing. Anything else, he said, depended on her discretion. He asked me to take the

money from the offerings and count it, after saying the amount varied and an 82-year-old man who had recently left, having stayed two months, had paid B4,000 (£67). I counted and told him that there was B7,000 (£117); his only comment was “*thāna dī*” (“good/high socio-economic status”) before talking about seeing any offerings as a form of respect to (spirits of) teachers. He said that the trouble with general education and traditional healing nowadays is that higher level subtle knowledge rarely gets transmitted, because few can or want to learn from (be taught by) the wider environment they live in.

6.9 TWO TRADITIONAL HEALERS SEEKING TO “MODERNISE” AND PROMOTE TTM

Ajarn Pinkaew* considers traditional healing knowledge part of his family heritage. With four years of state education and no other formal qualifications, he is a ninth-generation healer in an unbroken lineage of healers on his father’s side; while his father-in-law is also a healer. He was a Samanera and a monk (each for a year), and attributes most of his knowledge to family members and other teachers, including monks, as well as his own self-study and meditation. He has a daughter (married and living with her husband) and three sons; the oldest (22-years-old) is a monk, the other two (twenty and sixteen-years-old) have studied traditional healing with him and are helping him with his herbal medicine “factory” (Section 5.3).

Ajarn Pinkaew* views modern scientific knowledge as just one of many types of knowledge which are useful in promoting health. He somewhat regrets not speaking English and is making sure that between his sons they have the knowledge and skills to become competent in Dharma, TTM, English, computer usage and technicalities of operating machines for pounding and processing herbs at the “factory”. He feels that traditional healers must change with the times to survive, and is seeking contacts with people abroad with potential interest in his herbs (he already has some experience exporting herbs to Japan). He has dealings with the MoPH, and the unusual “honour” of having been the “subject” of a Master’s degree dissertation (Tanachai 1999) by a relatively well-known researcher who spent six months studying with him. Nevertheless, he mentions that he has had unfortunate experiences with certain Thais who wanted use his knowledge and took advantage of him.

Walking with him near his “factory” he points out dozens of herbs in the surrounding vegetation, saying that knowledge about their healing properties can be learnt by memory, but to really understand one needs access to “higher/transcendental”

knowledge. He feels that in Thailand such knowledge is valued less and less. Thus, unlike certain others who fear “theft” of knowledge, he is willing to establish links with foreigners. This, he feels, if done properly and through the right channels, could lead to greater recognition of TTM abroad (like TCM), and ultimately would make Thais change their attitudes and accept TTM more. Ajarn Pinkaew* regularly attends meetings with high-level MoPH officials and helps in the procedure of quality control of herbs. He sees this as one side of TTM’s development, though he sees moral “regression”, regarding healing in general and its commercialisation, as another side.

When we last met (6 September 2000) he said being a traditional healer does not involve religion (*vis-à-vis* many rituals and “external” activities), but is rather associated with determination in one’s heart to help others. He mentioned that Buddhism points to *paramattha-sacca* so one can see it, but effectively if one sees it one must have an *attā*. Thus, the only way to transcend the *attā* is to “realise” *lokutara*, something that (unlike the “mundane world”) cannot be conventionally measured and tested in laboratories. He feels that the best way would be for biomedicine and traditional medicine to work together on the level of medication and healing techniques. However, on the level of mind, an abstract area where teaching is harder, knowledge comes from using Dharma in dealing with everything, traditional and modern.

Ajarn Prasart*, with nine years of state education and a year as a monk, unlike most traditional healers has qualifications and licenses in pharmacy and GMT. He feels that TTM faces similar problems to those suggested by Ajarn Pinkaew*, whom he has met; but, living closer to Bangkok and the MoPH, he favours an approach working with TTM students within Thailand. These are mainly people from Bangkok visiting his home on MoPH-organised “study tours”. He realises TTM must change with the times, yet says that this can only be in the way it is taught, classified and regulated, and how patients are treated. The core of TTM, he says, involves unchanging truths taught in Buddhism.

Regarding his experience, Ajarn Prasart* says that, like all knowledge and all herbs, it comes from nature; thus, he cannot keep it because it belongs to nature and the world (global society). He expresses interest to teach anyone willing to learn by saying that anyone wanting the knowledge can take it, but feels that they should then use the knowledge to help others. He also feels that it is best to work *with* the MoPH and their plans to “modernise” TTM. Whenever he visits the MoPH and meets professors and biomedical doctors, he tells them he has little knowledge, but his knowledge is about essential TTM. This implies the source of the knowledge, which, like knowing the earth

(the source of all herbs), allows one to know what gives herbs their curative properties. Some people he meets cannot accept that matters are so simple, and even criticise him; yet this, he says, is “good” because it allows him to see his “shadow”. Likewise, when praised he does not take it seriously, as he believes that good, honest people do not offer much praise, just like skilled healers do not talk a lot (about themselves and their achievements). Consequently, he “selectively” deals with the MoPH, allowing him to usually stay at home, so that people can visit him and see how he works with his herbs in a relaxed manner.

As for TTM’s future, Ajarn Prasart* is neither optimistic nor pessimistic, for this is not the way of Nature (*sīladhamma*). Nevertheless, having spent much time in self-study, he willingly teaches others how to do likewise and embrace modern changes being experienced in Thailand. He says, formerly “masters” needed to know “disciples” a long time before teaching, but nowadays, with people liking things fast, this is no longer possible. Nevertheless, everything around one can be used in learning, and with arguably more going on there are more potential lessons; if one can find and witness stillness in all movement and discriminate between the useful and harmful. For Ajarn Prasart*, any increase in scepticism, as that inherent in scientific inquiry, can help do away with impractical traditional superstitions that obstruct development of *paññā*, while treating new discoveries dispassionately. The “new generation”, as individuals and groups, with rises in the extent and potential access to diverse forms of knowledge, can go either way: to eliminate *dukkha* or generate more of it.

CHAPTER 7

WITHIN DARKNESS LIGHT APPEARS: STOP THE WORLD! HEALTH RECONSIDERED

7.1 INTRODUCTION

“Kali Yuga” [the age of darkness and upheaval, occurring as the down side of a cyclical swing in (collective) human consciousness] known in Thai as *kalīyuk*, is a term relatively common in Buddhist and Hindu worldview perspectives. Many people I discussed this phenomenon with were unfamiliar with its deeper theoretical intricacies; but rather felt it describes an apparent deterioration in the human state, the world, or larger cosmic order, as perceived by the senses. They recognised that modern developments have brought progress with technological advances in agriculture, manufacturing, transportation, medicine, etc.; yet proposed that this appears unable to prevent greater selfishness and attachment to sensory pleasures, reduced regard for ethical issues and increased environmental destruction.

At this point the cyclical nature of existence and non-existence (and all other dualities), informing Buddhist understandings of karma, and *Dhammaniyāma* and the Taoist “scientific” method of yin-yang thinking are discussed. For humans, like other sentient beings, life is considered part of a process of continual change in Samsara’s sea of suffering. On Enlightenment, the Buddha saw the cycles of birth, life, death and rebirth and freed himself from attachment to conditionality; thus experiencing Nirvana, a nondual “state” achieved by other sages who transcend all identification with an *attā*. Taoists refer to this as “attainment” of the Tao, or “return to the source”, while Christian mystics and Hindu yogis speak of “union” with the Godhead or Atma. As several informants noted, it is the ultimate fruit of spiritual practice; however, it evades being *experienced* by so many, even for a fleeting moment, and thus they “think” and talk about the Kali Yuga, as if facing and fearing death and needing some explanation for this existential crisis.

Luang-phor Khun*, discussing the Kali Yuga’s relevance as an instrument of teaching Dharma, mentioned that essentially it is just a concept in the mind of any

individual considering turmoil in the world of phenomena (26 July 2000). He spoke of individuals experiencing their own Kali Yuga, because of “clinging” to what they consider “bad” in the world and how this gives rise to *dukkha*. Clinging to the bad may sound absurd, yet Buddhism’s view of *tanhā* incorporates *kāma-tanhā*, *bhava-tanhā* and *vibhava-tanhā* (Section 3.2). Regarding materialistic, consumerist development, *kāma-tanhā* and how to transcend it may be relevant areas of study; regarding more existential matters, though, *bhava-tanhā* and *vibhava-tanhā* may be more suitable. Clinging to the bad, could be more appropriately referred to as mental clinging to concepts of bad “involuntarily”, or “voluntarily” clinging to “...an obsessive aversion to the object of that feeling and an obsessive desire to seek escape from it” (Payutto 1995c:52). Whichever way, there is clinging and its “negative” side is what Luang-phor Khun* feels makes people fear the Kali Yuga.

He did not imply that, regarding *sammuti-sacca*, we are not living in an era with tendencies towards more selfishness, violence and wars; however, he said that worrying would not change anything for the better. In practical terms, he said that without problems in life, solutions are not needed. Moreover, in the past humans would not have had to overcome hardship by seeking to improve things through studying, experimenting and inventing; whether motivated by *tanhā* or *chanda*. The problem, he feels, is that “material” progress has gone so far that in the West (and parts of Thailand) many people are born in comfort with little need to adopt problem-solving mentalities, and instead their minds become easily troubled by mundane matters. To effectively break free of Samsaric cycles, he teaches people to work on themselves and change their perception.

Regarding whether individuals can help others, Luang-phor Khun* (echoing sentiments of SSS teachers and others promoting self-reliance) cites the example of Ajarn Chah, his “master” from many years ago, as an effective teacher. He says that before Ajarn Chah “revitalised” Dharma in Northeast Thailand, Buddhism was generally in a poor state, predominantly concerned with rituals and lacking in effectively pragmatic efforts to extinguish *dukkha*. Nevertheless, without needing to “announce” himself as a Dharma teacher, Ajarn Chah affected numerous people by acting as an example of someone imbued with Dharma. This inspired others to do likewise and a demonstration effect was established. Therefore Luang-phor Khun* feels that the best way to affect others and do one’s best to resolve problems of a world apparently amidst a Kali Yuga is to change oneself to exemplify Dharma. This will help resolve one’s own (fear-of-death) Kali Yuga and lead others to do likewise. He says not

doing so will prevent one being self-reliant spiritually, and if one tries to help others it is like attempting to save a drowning person without being able to swim, resulting in both people drowning.

Phra-ajarn Pairot Wirojano (Section 5.6) cites instances of increased serious social problems as evidence of a global Kali Yuga. He says, with greater violence, murder, rape and other activities characteristic of *sat-dērachān* (beasts), people seem to be behaving less like *sat-prasēūt* (humans). Nevertheless, he adds that this is just part of a natural cycle. Furthermore, if individuals picture themselves old and close to death, with their own body and world experiencing decay, there is no need to consider more than oneself to see that what is born must die. He notes that all people will die, Westerners, Thais, Chinese, it's all the same; but he stresses the need to work on one's own individual attainment to transcend egotistical fears of death, while helping others do likewise. This attitude prevails among other monks studied who are concerned more with practice than cogitating over the state of the world, and a common warning is that people should not worry about such matters, since it will only depress them. Nevertheless, as few people are aware of looking "within" to solve individual and communal problems, discussion should also be directed at trends more concerned with "outside" happenings, especially how the "Kali Yuga" or other discourses on deteriorating collective human circumstances are used didactically.

7.2 IMPENDING DISASTER OR EVOLUTIONARY PRESSURE?

The year 2000 of the Christian calendar (adopted by the vast majority of the world's population) arrived a few months into fieldwork, and went not long after it ended. Thais, though using the Buddhist Era calendar (2000 AD = 2543 BE), were certainly not oblivious to world-wide celebrations of the new millennium. In fact, media coverage and festivities across Thailand showed that, in an era of globalisation, Thais are aware of many global trends. In the last few years leading to the turn of the millennium, when I was mostly living in Thailand, signs of what Thompson (1999) refers to as "Pre-Millennial Tension" were indeed apparent. There were stories in Thai newspapers, books written and both academic and informal discourses related to various potential impending Armageddon-like phenomena. Thompson (ibid:13) suggests that the year 2000 may have had the effect of being "an important catalyst for social change throughout western society", largely because of the power derived from the "subtle effect of round numbers on the collective psyche". Thailand, like other "non-western" nations, is arguably affected by "a world-wide growth in apocalypticism" whose roots

lie in "...secularisation, globalisation and what Anthony Giddens calls 'the reflexive project of the self'" (ibid:13). Through Internet media and mass entertainment "...doctrines, philosophies and conspiracy theories which promise an end to the current order are flourishing as never before" and can potentially affect people everywhere (in America, the Third World, the Far East, etc.), for the "...market in spirituality is now as globalised as any other" (ibid:13).

In his work "Millennialism, Theravada Buddhism, and Thai Society", Keyes (1977:283) considers millennialism to be associated with beliefs that an old (corrupt) "world order" will be destroyed, with the "damned" perishing in the holocaust, and the "elect" surviving to enjoy benefits of a "new order". He argues that millennialism is not particular to the Christian religion and there is indeed a Buddhist basis for millennial belief, something I would agree with given my experiences in Thailand. Furthermore, the fact that, *numerically*-speaking, in the Buddhist calendar there appears no millennial significance at this point in history, does not mean that Thais are unaffected by global trends mentioned above (cf. Ratana 1997:21). Nor does it mean that millennialism, in wider contexts of belief in a future period of ideal peace and happiness, cannot operate independently of calendar dates. However, unlike Keyes' work, this and following sections deal with self-reliance in healthcare and spiritual development, rather than phenomena of "*phū-wisēt*" (people with extraordinary powers) who can "...effect immediate improvements in the conditions of existence of those who become [their] followers" (Keyes 1977:289). I do not deny that such people exist, and see validity in Keyes' (ibid:302-303) assertion that belief in millennialism emerges particularly "during a crisis centering around conceptions of power" concerning "...an ideological response formulated in the cultural terms which that population is most familiar." Nevertheless, I focus on implications of such beliefs, regarding how Dharma is taught and how this in turn can be an impetus to healthcare reform.

Many informants, discussing current states of human affairs in Thailand and wider global contexts, did not commit themselves to saying that in the future things *will* get worse, though invariably they appeared to speak as if this would *actually* occur. In fact, this is a common theme in worldviews which do not see decline in isolation, whether looking at the universe at large or human activity on earth.

"According to Buddhism the universe evolved, but... not... out of nothingness, it evolved out of the dispersed matter of a previous universe; and when this universe is dissolved, its dispersed matter, or its residual energy which is continuously renewing itself, will in turn give rise to another universe in the same way. The process is therefore cyclic and continuous" (Thittila 1986:24).

On Earth (where the same cyclical and evolutionary forces operate), Buddhism's historical texts generally agree that after Gautama Buddha, social order and ethics will continuously decline; but there is limited consensus on how long before the nadir is reached. Lamotte (1988:192-198), mentions that in canonical writings the years for the "disappearance of the Good Law", discovered and expounded by the Buddha, vary from 500-12,000. Nevertheless, in the fifth century AD the reformer Buddhaghosa fixed the date at 5,000 years after the Buddha, a figure adopted by the Pali (Theravada) chronicles and commentaries (ibid:196).

This period is commonly referred to in Thailand⁹³ as the time between Gautama Buddha and Maitreya, the future Buddha who will "re-discover" Dharma once it has been lost. Ajarn Pichet* proposed that things indeed appear to be getting worse in the world, with the possibility of mass destruction; however, this is not necessarily a problem (6 September 2000). He stressed that one need not wait over 2,000 years for "*phra sī-āriaya-mētraī*" (Maitreya), because he can come any time if one develops one's mind in a self-reliant manner and attains awareness of *lokuttara*. He discourages dependence on others because they cannot "think" or "practice" on one's behalf, and only by one's own efforts can one realise the "emptiness" or "non-self" of *lokuttara* common to all religions. For this, he says, it is not significant if one has (much) money or not, since these are things of the mundane world and can at most help make the body comfortable.

Nevertheless, to make the mind-heart happy and at peace, one must do away with all defilements, and selfish thoughts and actions. Thus, for Ajarn Pichet* the Kali Yuga is a personal thing which everyone must overcome. With this in mind, and with his ability to teach massage and aspects of Buddhist practice in basically one-to-one terms, he is more interested in helping people individually than in a socially-active manner dealing with many people. Ajarn Tong* follows a similar approach in promoting awareness of consciousness in one's thoughts, speech and actions, so that they accord with Buddhist precepts. From forty years as a herbalist, paying particular attention to how karma works in his life and his patients' lives, he said that individuals should be responsible for their own changes; although the healer's "duty" is to "teach" how lifestyle conditions all aspects of health (11 May 2000).

Phra Pongthep*, said that we are indeed in a Kali Yuga, and with current trends, or without a "*glap-jai*" ("change of heart"), things will certainly get worse (24 August 2000). However, he suggested that this should not induce pessimism or negative

⁹³ Also other Theravada Buddhist countries (Keyes 1977:288 and Mendelson 1961:574-576).

thinking, and this is why *all* of the four *Brahmavihāra* are relevant (Section 4.1). He mentioned that existing problems are due to past kārma, and, seen collectively, we are all responsible. Even *mettā*, *karunā* and *muditā*, he added, may not be enough to prevent *dukkha* associated with a Kali Yuga, since *upekkhā* is essential for that. Consequently, he considers non-violence in thoughts, speech and actions as crucial, and feels talking optimistically *will* help people. This does not necessarily contradict the view that in the phenomenal world there is and may continue to be disaster and upheaval, because it operates on a different level, that of *sammāditthi*. Even if we are still short of the extreme of a Kali Yuga, we can attain *upekkhā* by not clinging to concepts of deterioration. In Phra Pongthep's* opinion, this is possible, but only for a small number of people who can develop their minds to that stage. In addition, he feels that optimism in speech is justified, if one realises that one can change oneself and help others.

Phra Pongthep* brought my attention to the first "Conference of Northern Thai Youth Council" on solving social problems (18 June 2000), funded by UNICEF, at the Friends for Life Home he runs (cf. Pongthep 2000). Basically, he expanded on his written work (ibid:60-63) saying that in simplified terms a look at natural resources, rich people, poor people and the magnitude of social crises, shows that recently natural resources have been depleted and the magnitude of social crises has increased. He said that rich and poor people are both responsible, since they both contribute to the extraction of natural resources and are driven by *tanhā* to consume increasingly more. Furthermore, they all experience *dukkha* associated with seeking "worldly" pleasures, and are never truly satisfied or in the position to experience *upekkha*.

He said that the future holds two possibilities. First, natural resources (the world's "invaluable initial investment") become progressively fewer and the magnitude of the crisis increases. In this case the poor suffer more (particularly from scarcity and disease) and so do the rich, as their selfishness and "karmic load" accrues them increased *dukkha*, physical and psychological. Second, people use natural resources to the extent that satisfies their "needs" "sustainably" (Section 3.8.2-3.8.3) by both rich and poor adopting *sammāditthi* and working together. Phra Pongthep* feels that highlighting dilemmas of negative possibilities, working on people's fear to change attitudes, and optimistically pointing to positive possibilities of less individual and collective *dukkha*, will make people think and act in manners conducive to changes for the better. Therefore, he sees the whole issue of the Kali Yuga as a useful, living teaching with universal validity.

7.3 THE TRANSFORMATIVE POWER OF MENTAL STATES, **SCIENCE AND SPIRITUALITY**

A slightly different approach to the Kali Yuga is employed by Dr. Art-ong*, as used during an informal gathering at ISSE, attended by twenty ISSE students from different nations and different religious backgrounds (6 March 2000)⁹⁴. Dr. Art-ong* combined Hindu, Christian and Buddhist terms and cited from each tradition's "sacred texts", to elucidate the significance of dispelling Maya (illusion of attachment to the relative/dualistic world) and transcending the conceptual mind to become one with God (the Absolute). He said that while humans are universally driven to attain happiness or end *dukkha*, most people are deluded into thinking that happiness can be found *in* Maya. Those, he mentioned, who realise that *dukkha* itself teaches, can gradually learn from their mistakes. Through introspection that confronts mental confusion and other means, they seek more refined (non-egocentric) happiness until their happiness comes from universal love for all beings (*lokuttara-sukha*).

Dr. Art-ong* did not talk of impending disaster, though he said that the world's troubles are, like "growing pains", signs of a transformation in consciousness. He mentioned that what is happening now results from an accumulation of all collective past karma from human history, and affects *all* people. Although negative karma seems preponderant, he said that there are actually subtle changes among people around the world with the effect that positive karma associated with universal love is gradually "cancelling out" negative karma. He likened the situation to an atomic bomb, where beyond a "critical mass" of uranium or plutonium, very powerful things happen. With karma the critical mass is reached when universal love "transmutes" the accumulated negative karma and brings about radical changes in the human world. Meditation, which "is not a means of evasion... [but] a serene encounter with reality" (Sulak 1992:86), is an effective way of bringing about such changes; for:

"When one person in a family practices meditation, the entire family will benefit. Because of the presence of one member who lives in mindfulness, filled with compassion, the entire family will be reminded to live in that spirit" (ibid:86).

The subtle power created by *phalang-jit* is often alluded to during meditation retreats when meditators project *mettā-karunā* to all beings. This is the essence of the "Light Meditation" practised at SSS (Section 6.5), and is taught by Sumano Bhikkhu* in meditation retreats he gives in Thailand and Cambodia.

⁹⁴ With minor variations, depending on the audience, this is the essence of lectures he gives to people involved in education across Thailand and in several dozen other countries.



Figure 35. Luang-poo Putta-isara* (centre) and Dr. Suvinai* (to the left of him).
With others at the end of a meditation retreat in December 1997.



Figure 36. Schoolchildren at SSS practising the “Light Meditation”. They
are taught to send out compassionate and love to all beings, see their
interconnectedness, cultivate *paññā* and be willing to serve others.

I witnessed Luang-phor Jayasaro, abbot of Wat Pa Nanachat, promoting such meditation in early January 1998, when I stayed at this well-known international forest temple in Ubon Rajathani province that follows Ajarn Chah's teachings. In these meditation sessions the objective is to send out *mettā-karunā* to all beings and realise that for nuns, monks and other meditators this can be an effective way of "changing the world for the better". In fact, healing energy of this nature was called upon on a national level in Thailand, when in early 1995, with large media coverage, everyone was asked to project *mettā-karunā* to the King, who was seriously unwell. Monks across the country were involved in synchronised chanting/praying to send the King healing energy, while in many areas, such as Sanam Luang (a large field near the royal palace in Bangkok), laity dressed in white participated in similar activities.

Wilber (1991:247-248) discusses Tonglen, a meditation practice "...so powerful and... transformative it was kept largely secret until just recently in Tibet", which involves taking in the "suffering of beings everywhere" on the in-breath and "sending them back health and happiness and virtue" on the out-breath. This implies practising "true compassion" and in a sense is "...the Buddhist equivalent of what Christ did: be willing to take on the sins of the world, and thus transform them (and you)" (ibid:248). Chödrön (1999:35), considering Tonglen, refers to the powerful energies of "anger, lust, envy, jealousy" as "wisdoms in disguise". She (ibid:35) says:

"Tonglen practice reverses the usual logic of avoiding suffering and seeking pleasure... [thus] we become liberated from very ancient patterns of selfishness... [employ] what seems like poison as medicine... [and] use our personal sufferings as the path to compassion for all beings."

Frequently, both in public speeches and in more-private dialogues, Dr. Art-ong* refers to Jesus Christ as someone who devoted himself to changing the balance of karma in the world through sacrifices and his teachings. In the current era, Dr. Art-ong* feels that Sai Baba is performing a similar role, influencing people in Thailand and across the globe, especially in education. Dr. Teerakiet*, with similar feelings, often employs Aurobindo's teachings. Aurobindo (1993) suggests that the human species is experiencing a "supramental" evolution. This links people to "...the highest divine consciousness and force operative in the universe... superior to mentality, it exists, acts and proceeds in the fundamental truth and unity of things and not like the mind in their appearances and phenomenal divisions" (ibid:396-397). The evolution involves "...the progressive unfolding of Spirit out of the destiny of material consciousness" raising

consciousness to that which "...is still unmanifest, from matter into life, from life into mind, from mind into the spirit" (ibid:382).

Aurobindo (ibid:72-73) states that speculation on the manifestation of a new supramental principle and race of supramental beings on earth:

"...is a little perilous and premature, because we must do it with the mind and the mind has not the capacity to forecast the action of what is above itself – just as a merely animal or vital perception of things could not have forecast what would be the workings of Mind and a mentalised race of beings here."

Nevertheless, even without specific speculation, pressures exist, be they evolutionary or otherwise; and it is arguably the nature of the human mind to search for meanings, to speculate and to explain what happens in life. Satprem (1989:107) using teachings of his two "masters", Aurobindo and Mother, comments that in "...the world body... [t]here's a feeling that everything is going awry, falling apart... It's as if our entire mental system were completely rotten... and there's no solution to anything." This, he (ibid:108) argues, is because, like fish when they had to move from gill respiration to another mode of breathing:

"It's suffocating to evolve to 'another.'... Everything is shattered..."

"The entire Earth body is being torn apart..."

"So if we believe we are moving toward new unities, new world wide fraternities, that shall save the poor and make a better society, we are sorely mistaken... We are not going to make better fish - we are in the process of making a new species."

Dr. Teerakiet*, having met Sai Baba many times (like Dr. Art-ong*) takes an "optimistic" view of changes humanity is going through and provides the following opinion about the future:

"I recall that... [Sai Baba] said that it would be beyond our imagination! ...[and] Aurobindo said we cannot understand and visualise what 'superman' would be like. 'Superman' doesn't mean man with the finest, flawless qualities with which we are familiar. The gap between superman and man may be like that between man and the monkey!..."

"All I have is faith that something significant is dawning and we can be instrumental in helping the labour of the new age."

"Six million years ago a chimpanzee's brain represented the apex of the evolutionary progression. Three million years ago it was Lucy's. Today it is the human mind. What it will be six million years hence or what has materialized elsewhere is anybody's guess" (30 March 2001).

A "scientific" approach to inquiry into causes-and-effects, seen integrally and without attachment to reductionism (Section 2.7), may reveal world-wide developments in new light. For instance, Satprem (1989:111-112) argues that if one "could step back

and have a bird's-eye view of history" one would see that science's "real purpose" is not production of "gadgets" nor "superjets"; rather its:

"REAL CONTRIBUTION... is to have woven such a dense and tight network among all parts of the globe, all the groups of humanity, to have created such a unity... that you can't do the slightest thing in a remote corner of France without its having repercussions in Washington or Beijing."

Consequently, considering current chaotic world circumstances in this way, within the unity, "[t]he solution is found or uncovered *in* the obstacle" (Satprem 1992:109). Furthermore, contrary to what "most scholars" think (not understanding "mystical religion"), science is not killing spirituality, but "...stripping us of our infantile and adolescent [prerational] views of spirit... to make way for genuinely transrational insights of the higher stages of development, the transpersonal stages of genuine mystical or contemplative development" (Wilber 1991:201). This is because "...mysticism is transrational and thus lies in our collective future, not our collective past. Mysticism is evolutionary and progressive, not devolutionary and regressive, as Aurobindo and Teilhard de Chardin realised" (ibid:201). Thus, self-reliance may imply that individuals are to realise such "truths" in their minds and overcome their own Kali Yuga, while recognising their relation to larger collective orders.

7.4 EACH PHENOMENON CONTAINS ITS OPPOSITE

Capra (1983) feels the current epoch is experiencing potential for a "turning point", in which adopting a "holistic", "systems-based approach" can transform what appears to be mass destruction into new opportunities for sustainable development with ecological awareness. Considering such a transformative process, dynamic equilibrium and relations between duality and nonduality are now discussed.

A basic tenet of understanding the relative world of duality is that nothing is absolute, though everything comes from the nondual unity "behind" that which is manifested. Consequently, nothing exists without being seen and comprehended in relation to its opposite. Additionally, themes of karma and rebirth (whether viewed *vis-à-vis* lifetimes or purely thoughts corresponding to arising psychological states) prevalent in Eastern philosophy consider phenomena existing cyclically. Thus, birth leads to death, which in turn leads to rebirth. Traditional Chinese philosophical yin-yang thinking considers cycles fundamental to every phenomenon in the universe, which "alternates through a cyclical movement of peaks and bases", with the yin-yang alternation as "the motive force of its change and development" (Maciocia 1989:3). The

continual flux between yin and yang means that, as Figure 37 shows, in all phenomena the seed of its opposite exists.

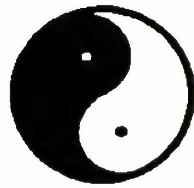


Figure 37. The Tai Chi diagram or Yin-Yang symbol.

In TCM this promotes understanding of causes and cures of illness/disease, and, though it is usually applied to physical illness/disease, the same principles apply to any form of illness/disease where balance is disturbed, be it individual, collective, or related to the environment. Nevertheless, to overcome *all* illness/disease, one must know duality and transcend it. This implies realising that problems are “lessons” in understanding life, which can lead to solutions and “true health”, as described below:

“Light can only be seen through the darkness...

“True health can only be established by individual triumph over the constant temptations and dangers of daily life... [not] through a proxy war on cancer, war on poverty, war on tuberculosis... True health can be won by recognition of the principle of the Oneness of the universe, and man’s relation to it” (Oshawa 1965:203-204)

In teaching about awareness of individual behaviour, especially in preventing health problems by not acting on *tanhā* and learning how to live harmoniously with others, main informants adopt various approaches. Nevertheless, all are informed by similar realisations of the transient nature of the physical body and the significance of transcending egocentric drives. Death and sickness are sometimes stressed to make people change themselves sooner rather than later. Luang-poo Putta-isara* frequently uses language that encourages one to reflect on one’s shortcomings and change them. For instance, in his “Treatise on Death” (Putta-isara 2000) he emphasises that it is uncertain when we will die, but what is certain is that we all will die. A sentimental reaction may be that this morbid topic is best avoided. However, for Luang-poo Putta-isara*, it is an “objective” truth, and simply that. Anything more is a “subjective”, ego-driven response. Given the “problem”, a “solution” is also proffered, which is developing awareness of death with every breath until the mind no longer clings to anything, including life or death (ibid:13). Moreover, one is encouraged to realise that

death (as a cause of *dukkha*) is just a “concept”, which, with limited awareness, can leads to “moods” that distract from seeing things “as they are”. Thus, people are cautioned to not get “drunk” (lost) in sensations (especially defilements) nor fear death, since this leads to trouble in life rather than seeing death as something natural (ibid:14). One can learn from fear of death, “a constant reminder” of a tenet central of Buddhism “and mysticism in general” that all is transient:

“...nothing remains... Only the whole endures eternally; all parts are doomed to death and decay. In meditative or mystical awareness, beyond the prison of individuality, one can taste the whole and escape the fate of a part; one is released from suffering and from the terror of mortality” (Wilber 1991:66).

Working on people’s “dark-side” for didactic purposes, the MoPH appears to be finding approaches using “shock images” (e.g. bleeding gums and blackened lungs) effective in anti-smoking campaigns. It recently stopped using posters implying that gifts of cigarettes to monks (and thus smoking) is a “sin”, in favour of posters which adopt “scare tactics”, graphically depicting the bodily harm cigarettes can cause (Figures 38 and 39). Similar approaches are used with malaria and AIDS (Figures 40 and 41). Psychological research shows that fear-based appeals are effective in changing health-related attitudes, though after a certain point, what becomes “high fear” has limited effects (Robberson and Rogers 1988). Nevertheless, fear alone cannot help one progress far in developing consciousness and transcending *dukkha*, since, for this, fear must be conquered (Section 4.7).

Sumano Bhikkhu* feels that fear and negative emotions can help one learn to overcome one’s problems. His own fear has been one of his greatest teachers and has made him risk everything to develop spiritually (Section 5.10). This reflects Sun Tzu’s advice in a classic on strategy returned to later, “The Art of War”: “When people fall into danger, they are then able to strive for victory” (cf. Cleary 1988:161). Sumano Bhikkhu* says that in desperation a seed of hope may be found by those receptive enough to not be engulfed by negativity. Then slowly, by developing *paññā* and working on faith that glimpses at the “deathless” condition in meditative practice can be attained by commitment to non-attachment and transcendence of the *attā*, one progresses. However, one must “do the difficult” and “stop the world”. This, Sumano Bhikkhu* feels, implies sticking with practice and not giving up to slackness nor distractions of the sensory world; while letting go of attachment to transient phenomena and effectively “stilling the mind” in the eternal now.



Figure 38. Old MoPH posters discouraging smoking. The one to the left reads “offering cigarettes to monks is a sin”. Next to it is advise to say goodbye to loved ones before smoking another cigarette. At the roadside between Chiang Rai and Chiang Mai.



Figure 39. A more active and tougher approach. A board up for 31 May 2000, “World Non-smoking Day” at the Fang District Hospital, Chiang Mai province. Among other posters, graphic depiction of the harm caused by cigarette smoking.



Figure 40. MoPH malaria prevention posters. In a remote mountain village in Chiang Rai province.



Figure 41. Excerpts from a MoPH booklet on AIDS. The booklet seeks to spread knowledge about AIDS for prevention.

It means not getting carried away by *tanhā* and witnessing the present moment that transcends space and time. For when the mind goes beyond relative bondage of time and space it breaks free from the chains of karma. According to Ajarn Sumedho (n.d.:3), Sumano Bhikkhu's* preceptor from over twenty years ago, it is a matter of being continuously aware and realising that:

“Yesterday is a memory.
Tomorrow is the unknown.
Now is the knowing.”

Experiencing this (especially by developing meditative awareness and, through practice, integrating it into all aspects of life), concerns about the Kali Yuga lose meaning and *dukkha* is seen as just another transient phenomenon. In meditation, whether sitting, or standing doing Chi Gong “horse stance” (feet parallel, shoulder width apart, with knees bent), fellow TCC exponents and I attest that the most intense pain imaginable can be felt (e.g. after one hour or more of practice, depending on individual training). There are different ways of dealing with pain. One induces intense *dukkha*, caused by identifying with it; another is letting go, not clinging to it and experiencing present-moment mindfulness and greater insight into *Ti-Lakkhana*.

To change the world into a healthier place, or transform individuals' relationships with “external” phenomena, involvement is arguably needed in specific “participatory” roles, as “agents of change”. This agency and participation, which are often highlighted nowadays (so that people's “voices” may be heard), can be viewed in many ways. A trend that appears to be growing with the “agenda” of greater human rights, is that issues of individual “empowerment” need to be addressed while “inequality” needs to be eradicated. Though possibly based on good intentions, in karmic terms, acts of resistance or seeking to change things by force, whether physical or psychological, will have repercussions; and arguably limited long-term effects, due to “backlash” they trigger. Consequently, in following sections different forms of resistance are considered before matters of healthcare reform and wider social change.

7.5 NON-VIOLENCE AND HEALTH FOR ALL

Ruhula (1998:84) states: “Buddhism advocates and preaches non-violence and peace as its universal message.” Furthermore, he (ibid:86) cites the Buddha's words: “Never by hatred is hatred appeased, but it is appeased by kindness. This is an eternal truth.” Compassionate leaders, including Martin Luther King, Mahatma Gandhi and the Dalai Lama, all advocate non-violent social action; while Aung San Suu Kyi shows how

in a Buddhist country non-violence and a transcendental ideology can effectively generate popular support and “opposition” to a repressive and authoritarian government (Houtman 1999). Moreover, as Dr. Art-ong* frequently tells people to consider Jesus’ teaching that “one reaps what one sows”, the TTC is full of “warnings” against using force, as opposed to “kindness”. For instance (cf. Ni 1989a):

“It is generally the nature of weapons to turn against their wielders” (ibid:37).

“...violence is against the integral nature of the universe. Whoever goes against the integralness of the universe will soon perish” (ibid:38).

“The more destructive weapons a nation or its people posses, the poorer the people of that country become, and the greater is the chaos that occurs in the world” (ibid:71).

“Kindness can help to win a war... Kindness will invite the corresponding energy of kindness from Heaven which supports and protects” (ibid:83).

“A good warrior is never violent... A great victor defeats his opponent, but not by challenging him. This is called the power of non-contention” (ibid:84).

Understanding karmic operations would “logically” prevent people from adopting violent means, but most people apparently do not pay attention to evidence supporting transcendental realisations. Tai Chi Chuan (TCC) aims to make exponents aware of such “realities”, for after years of practice one feels one’s breathing and each movement of TCC is actually “the movement of the universe” (Jou 1988:113). Furthermore:

“...awareness of the environment being engaged in a gigantic cosmic dance will suddenly dawn on you... [I]dentification in... Tai-Chi philosophy eliminates dualism. You are... Tai-Chi, and... Tai-Chi is you.... All human beings are identified with you, and you with them... This total identification is the foundation of universal harmony and world peace” (ibid:113-114).

The hardest empirical evidence is truly felt with the senses. Experiences of practitioners of the “soft” martial art of TCC show that a real “master’s” strike can jolt one so much that nothing seems more real. Nevertheless, if, when trying to corner or find the master’s physical “centre”, one realises this evades all attempts, one sees how being soft, relaxed and fluid (and having *chi*) is an effective way of neutralising an “opponent’s” hard force. This applies to the physical level, but, refined further, it also applies to more subtle levels of mind.

Principles of Tai Chi⁹⁵ and yin-yang inform both the healing art of acupuncture, becoming increasingly popular in Thailand (like the West) and the health-promoting art of TCC (and related systems such as Wai Dan Gong). Theories behind these techniques, and relatively limited detailed study in laboratory conditions, may not fulfil the

⁹⁵ Or “Tai Ji”, the theory behind the practice; as in Chuan, literally “fist” or “boxing”.

requirements of modern (Western-influenced) scientific inquiry; yet their positive health effects are documented in texts and ongoing discourses of people who practice them. First and foremost, Tai Chi's aim is unity with Tao (nonduality) and as a philosophy it "...starts with the basic not-knowing, the basic relaxation of giving in" (Huang 1987:65). However, conceptually, it has its own highly-developed theories. Professor Cheng Mán-Ch'ing, generally considered one of last century's greatest TCC exponents, strongly advocated an analytical approach to studying TCC, using examples from anatomy and physics to demonstrate how the postures and moves work, internally as energetic principles and externally on "opponents". He also stressed that, as aspects of "science", they work with abstract principles operating on the level of mind. Thus analogies, such as, when *chi* "permeates the bone" there is "pure steel", are often used (Cheng 1985:26). Moreover:

"It would be ridiculous to talk about *T'ai Chi* [and TCM] without discussing *yin* and *yang* and the Five Elements... Today's science has progressed from the advent of electricity to the Atomic Age. Can these be separated from the function of *yin* and *yang*?... [TCC] is consistent with both philosophy and science. Its theory is entirely based on philosophic principles; yet it realizes those principles in a way that satisfies the standards of science. All can be confirmed by its actual substance and application and is not a matter of opinion" (ibid:24-25).

TCC is here considered for health promotion, which can lead to spiritual development, and later how its principles can be applied to non-violently effect social change, using non-resistance (not resistance), is examined. Regarding health promotion, this "moving meditation" is arguably one of the most effective ways of enjoying health into old age, and preventing and curing many ailments. During March 1996, when in Chiang Mai, I spent most mornings (practice was 5.30-6.30am) with groups of Wai Dan Gong (WDG) exponents. WDG is a TCC-informed exercise system involving gentle bodily movement and using *phalang-jit* to move energy within the body. It was introduced into Thailand some 15 years ago, and its associations have spread from Bangkok to provinces across the country. The key to practice, pointed out to me on several occasions by Ajarn Narong Wangsoontorn, chairman of the WDG Association of Northern Thailand, is remaining aware of internal energy movements in the body and avoiding resistance/tension which may block the free flow of *chi*.

WDG is easily practised by elderly people, and thus its popularity among thousands around Thailand. The only real "challenge" is waking up early and training the mind to stay focussed, while simultaneously "letting go" so the body functions according to "natural" normalcy. I came across many people enthusiastic about WDG's curative benefits who explained how it has cured or relieved symptoms such as arthritis,

kidney disorders, digestive problems, and various chronic aches. Generally groups of about 20-60 people practice in various locations, including the forecourts of provincial MoPH buildings. The MoPH recommends the meditative exercises for all (especially the elderly), due to their curative and preventive potential, and no necessary financial expenditure.

As avoiding resistance in individual bodies can prevent disease, the same may be so in social bodies of communities (however defined). Regarding the latter, Ni, (1989b:23) uses the analogy "(t)he mind is the government and the body is the people." He (ibid:24) notes that most people use their mind to "serve the lower sphere of life: desire", and thus do not know what benefits the "entirety of life", while they "...demand a better government, but... never think about their own personal government." Wider social contexts are dealt with in Section 7.6, here individual and partner practice of TCC, frequently known as "the supreme martial art", are considered.

In the Tai Chi Classics, where principles of practice are elucidated, few references to actual use on "opponents" exist (cf. Jou 1988 and Liao 1990). Instead statements in the texts generally emphasise posture, balance, connectedness, meditative awareness, relaxation and using the mind over physical strength. In fact, the real purpose of TCC is "...not to harm others but to protect oneself and maintain good health" (Khanit 1984:201). Other soft/internal martial arts serve the same purpose and are often contrasted with hard/external martial arts. For instance, Aikido, which means "unifying" *chi*, is a Japanese extension and development of the Tai Chi foundation (originally from China), and, like TCC, is "...based on the sense of meditative movement, flow and awareness." (Huang 1987:20-21). Ni (1994:1-2) compares the "external school" (e.g. Shaolin, Karate and Tai Kwon Do) with the "internal school" as follows: The former tends to adopt "quick, forceful movements", while the latter:

"...is practiced by gentle people and a somewhat smaller number of extremely dedicated people who learn spiritual development..."

"Internal practice is totally different from the external school. No force is seen, but internal energy moves.

"The internal school... evolved... [and] [h]ighly achieved martial arts practitioners realized that true protection comes from internal strength of health and good energy, and from having wisdom to apply that energy correctly in the world."

Therefore, martial arts should be learnt for spiritual cultivation, not for "real fighting" and becoming "overconfident" to the extent that "...you might push yourself to the verge of peril" (ibid:57). Jou (1988:213) explains that TCC requires higher consciousness or greater awareness in order "to develop spiritual rather than bodily strength"; thus, through practice one learns to transfer "...physical force into spiritual

power... [and] the good habit of performing any action, even in daily life, with awareness.” Consequently, “one’s spirit will blossom and become peaceful” and one can know “Tai-Chi’s ultimate purpose...via greater understanding of its martial art aspect and increased health, to reach a higher spiritual level which would lead to the realization of Tao” (ibid:214).

Concerning TCC and its influence on non-violent resistance in Thailand, I draw, mainly, on experiences with Dr. Suvinai*, widely recognised as one of Thailand’s foremost TCC exponents. He has taught TTC and related meditative practices to several hundred students and his books include best-sellers, such as his translation and commentaries on Miyamoto Musashi’s classic of martial art (Suvinai 1995b). Dr. Suvinai’s* practice sessions generally take place on weekend mornings and last up to six hours, with intensive periods of Chi Gong (in “horse stance” and other postures), sitting meditation and repetition of TCC forms/routines. Men and women of various ages attend, and practices are tailored to individual propensities, while informed by a philosophy Dr. Suvinai* feels can be used by all people to attain integral health.

In practice, one is taught to maintain meditative awareness and, when confronted with pain, encouraged to realise the Thai saying “*jī pen nai gai pen bao*” (“mind is master, body is servant”) to develop resolution of mind and progress spiritually. The same resolution may be exercised when one feels *tanhā* for self-centred sensory pleasure (including thoughts in the mind). However, drives should not be blocked or repressed, but channelled for “higher” or more subliminal purposes. Thus, one derives neither pleasure nor pain (i.e. masochism) from practice, rather health and spiritual development. When the *attā* feels threatened by speech or actions of others, similar principles apply, and one either lets these things pass or deals with them non-violently. Such ability to handle pressures in life is enhanced by TCC practice, which can ultimately develop what Dr. Suvinai* (1995a) calls “*apimanut*” (Homo-Excellens). He (ibid:526-527) suggests that this implies generating *paññā* so that there is neither war, nor harm to the environment, while concurrently one is protected from society’s influences.

7.6 “OPPONENTS”, RESISTANCE AND CAPABILITY DISPLAYS

Dr. Suvinai*, following “the path of Sri Aurobindo” and influenced by Wilber’s books on developing consciousness, is uninterested in Kali Yuga arguments; however, he feels that, though the “human race as a whole... is still far from enlightenment, [individual] human consciousness must evolve as spirit in action” (23 March 2001).

This implies being socially active to develop oneself, and help others “self-realize... [as a] particle of God” (ibid.). When teaching how to deal with adversaries in martial situations Dr. Suvinai* advises to never instigate movement, and, if attacked, to neutralise adversaries’ force by realising actions informed by universal love.

In TCC partner practice, such as “push hands”, where one feels the energy of one’s partner (or “opponent” in mutually-beneficial didactic competition), one learns to use flowing movements to “[n]eutralise one’s partner without hurting him” (Jou 1988:262). One also realises that there “...is nothing like working with another person to point out how... resistant [one is]” (Huang 1987:71). When people are in conflict and do push hands they can go through the arguments in their minds and notice how resistance causes tension and not being open about particular ideas. This can mean imbalances are gently resolved (ibid:70-71), so “[w]hen you feel tension, *give in* to it instead of fighting it... What tenses you up is the yang energy of intention, trying too hard. Let the yielding yin energy come in more” (ibid:94). Thus, considering collective benefit, there is a right time to withdraw and to advance, and:

“Through push-hands one can begin to see how... [TCC] principles... might transform the world... We expend a great deal of energy throwing ourselves at immovable barriers and at unforeseen or chaotic situations that frustrate us, but over which we have no control. Push-hands confers a peacefulness, a collectedness, a calmness to our efforts... [and] in a martial arts setting, which would seem to imply opposition and self-interest, Push-hands surprisingly imparts a spirit of cooperation” (Jou 1988:247-248).

Similar principles to those informing TCC exist in forms of Thai Boxing (Muay Thai), though arguably only the form known as Chaiya Boxing exists today (State Railway of Thailand 1999). In seeking the soft/internal side of this martial art I found only training camps where exponents generally had poor physical flexibility. I trained with several of them and found most movement depended on force and jabbing actions, instead of sensitivity and fluidity. Moreover, like in professional bouts, exponents often displayed uncontrolled aggression. Aggression (and “blood-and-guts”) is apparently what spectators pay to see, and in Thailand, Chaiya Boxing (where “technique and grace of movement” over “brute force” are taught) “is now all but extinct”, with only one master and his eight pupils left (ibid.).

Another martial art, that developed using TCC-like principles, is Judo, literally “the gentle (soft/flexible) way”. As examples of the significance of practising principles over theorising, and evidence of effective resistance, experiences of Ajarn Prakit (Thailand’s Judo Grandmaster) and my own are drawn upon. I first met Ajarn Prakit, the mild-mannered, sixth-dan black-belt national team head coach, in June 1997, when I

paid homage to him as a teacher (*wai khrū*), interested in seeing the gentle/soft overcoming the forceful/hard. Ajarn Prakit accepted me as a pupil and let me train with the national team (for approximately one year until June 1998) because, like him, I had practised TCC for many years. Ajarn Prakit, in his early-fifties and at 65kg., though older and smaller than most adult judo exponents, is so well-versed in using opponents' energy that he lasts for hours without tiring and is rarely toppled. He feels that nowadays it is hard to teach "letting go" and being sensitive to opponents' energies, given stresses from urban living, admiration of assertiveness, and media portrayals of ideal physiques (e.g. lean, muscular bodies). The problem, he says, is people tend to instinctively react to force by countering/opposing it with force; whether in Judo or encounters where force comes from suggestive postures, words, *how* things are said and even thoughts. However, he feels that the best resistance is not resisting in conventional terms, rather neutralising force, especially when coarse and easily perceived.

Training with the national team to satisfy a curiosity, through experimentation, of what the state of competitive martial arts is like today, I soon realised that in warm-up and stretching sessions the team's 20-25 members (men more than women) displayed relatively poor flexibility. Regarding raw strength, certain members could lift heavy weights; but TCC masters discourage such practices, as they block "*chi-flow*" and reduce fluidity of movement, something Dr. Suvinai* often notes. Ajarn Prakit is aware of this, yet feels that, without people comprehensively embracing the "gentle way" (something he believes only one female team member does), discouraging weight training is difficult.

Force, combined with good technique, can indeed lead to victory in competition, if nobody has practised and developed sensitivity for years. Nevertheless, adopting TCC techniques, I surprised team members, as not only could they rarely throw me, I could destabilise them with relatively little effort. In fact, apart from the heaviest man, who at over 130kg. later won a South East Asia Games heavyweight gold medal, at 80kg. I neutralised heavier team members without much difficulty (I did not compete with people lighter than me), including the second heaviest man (at 110kg.) and the heaviest woman (at 95kg.), who also later won a South East Asia Games heavyweight gold medal.

The above example shows that in physical terms softness can indeed overcome hardness, though there may be limits to effectiveness dependent on levels of *chi* development. This is so because comparing myself to some of my TCC teachers, such as Dr. Suvinai*, Master Guo Junguo in China, Master Graham Horwood in the UK, and

Dr. Ni Daoshing in the USA, my ability at neutralising and destabilising is poorly developed. One may ask, why don't such masters enter the Olympics, defeat all opponents and show the world the effectiveness of soft/internal martial arts? Answering this question, Master Graham Horwood, one of the UK's foremost TCC exponents, with considerable interest in Jungian psychology and consciousness development⁹⁶, said such a venture would be "a profanity to the universe" (7 April 2001). He explained that using martial TCC for personal gain, following demands of individuals' "dark-sides", is a "degenerate form" of TCC; and likewise entering competitive sports for glory would be misusing TCC. If one proposes that a TCC master might show their skills in a competitive arena to *teach* the gentle/soft way to the world at large, one returns to the question of whether the average person is ready to understand such matters.

Thus, two sides are relevant. One, the potential audience who may only benefit from "thrills" of external shows (*vis-à-vis* core teachings), and the other, the possible negative side effects on the exponent. This latter point may be exemplified by looking at "Dr Dynamo Jack", an ethnic Chinese acupuncturist from Java, Indonesia, featured in the BBC television series and book "Ring of Fire" (Blair and Blair 1988). Following years of daily meditation, working with yin-yang polarity between his chakras Dynamo Jack harnessed and projected a "powerful 'electric' current" in healing, though he was aware the energy could "kill as well as heal" (ibid:263).

Despite demands to document his "powers", he refused being filmed, saying "I'm not interested in tricks, I am a healer. If Western people see this on film, they will assume I am a market conjuror" (ibid:264). Nevertheless, just before publishing their book, the Blair brothers were surprised that he agreed to be filmed, since "...now his students were starting to get the hang of it, it seemed time to show more of this to the world" (ibid:264). He made it clear, though, that "[e]ven if most people... think it's simply a trick... some will recognize that we all have these powers, sleeping within us" (ibid:264). So they filmed him igniting newspapers with his bare hands and demonstrating other "astounding powers". Some ten years later (1998), when in Indonesia with healers and meditation teachers I know, I was informed that Dynamo Jack had been "misusing" his powers and consequently they had diminished considerably.

A similar situation occurred in Thailand with a healer originally from China, who, after several displays of his energy-projecting power in Chi Gong massage, ended up partially paralysed due to loss of *chi*. Dr. Santi*, knew this healer and said that, in his

⁹⁶ Whom I have known for over twenty years.

opinion, whatever one's capability one should never do more than the minimum necessary to heal others and make them aware of how *chi*/energy should be properly used. Another healer, a Thai meditation master/teacher I have known for several years, who in the past had similar abilities to Dynamo Jack, has also found his "powers" depleted. Others who know him have suggested that this is due to him becoming too well known and showman-like. The three aforementioned cases, with healers, their actions, and comments made by others, point to how the resistance of the *attā* to letting healing energy be used for purely selfless compassionate means, as described by Ajarn Prasart* (Section 4.10), can cause complications. This is due to individuals' *cetanā* getting in the way and generating karmic cycles and associated *dukkha*, which ultimately return to them.

7.7 STRATEGY AND EFFECTIVE RESISTANCE

In comparison to the physical realm, effectiveness of the "path of least resistance" on the more subtle level of mind, void of limits (certainly in spatial terms) and where *dukkha* is experienced, is incommensurably greater. Before dealing with such matters, and because nowadays hard/empirical evidence is frequently desired, some mention is made of situations more threatening than sporting competitions. For here, physical force, controlled by aggressive *cetanā*, might bring about apparently efficacious resistance, but actually sets in motion karmic ripples that induce considerable *dukkha*. Examples of this are wars since recorded history that achieve no aggregate lasting peace or happiness. Nevertheless, an alternative exists, which, though seemingly an "ideal", could be reflected upon and worked towards. This is what the Perennial Philosophy teaches, and what people committed to spiritual development in Thailand have faith in.

In the eventuality that an apparently "evil" destructive force confronts one, "neutralising" one's "opponent" may necessitate what could be considered severe action (i.e. killing) in ways that do not incur karmic repercussions. Here is the extreme case, and might be needed to satisfy the sceptic's curiosity; though the chances of reverting to it may be considered remote to an extent proportional to preventive measures adopted. Dr. Art-ong*, in the informal gathering discussed in Section 7.2, explained how if one surrenders to God (or other representations of the nondual Self, *vis-à-vis* the individual self) one can kill without resultant retribution. He used an example from the Bagavad Gita, where, on the battlefield, Arjuna is troubled by having to kill his "brothers" in the "enemy", and said that Krishna used this opportunity to teach Arjuna about performance

of duty without fear or attachment to *cetanā*. He mentioned how Krishna said effectively one cannot kill anyone, since the body is not the person and the real person is Atman (the Self). Therefore he concluded, when one thinks of God in performing all actions and devotes all to God, there is no karma, because what was previously the deluded individual mind merges with God.

This is the way to undo duality, stop the creation of karma and achieve liberation (by union with God). For in the great play of life, Dr. Art-ong* said, with God acting out all parts, if someone criticises you, and they are God, and you get offended, you are no longer God. The common problem is that people do not see how others are connected to them, and thus treat them as distinct “opponents” in a subject-object fashion, the cause of all wars, including religious wars against “infidels” (seen distinct from God). Regarding his political involvement, Dr. Art-ong*, is aware that his “opponents” criticise him and even use corrupt tactics (driven by extreme self-interest) not uncommon in Thai politics. However, he realises that retaliating would counter “spiritual common sense” and knows that they (like he) are human beings who should be treated compassionately.

A look at one of the world’s most influential books of military strategy, Sun Tzu’s “Art of War”, and especially the way it is employed nowadays, reveals how power and advantage are arguably often misused, especially since it uses “a rational rather than an emotional approach to conflict” (Cleary 1988:2). People may read how the “true” Art of War is to employ strategies which make conflict unnecessary and may see parallels between adopting prevention in healing and martial arts, yet they may miss the essential Taoist philosophy informing the principles. Thus, acting in a strategically-advantageous manner may yield desired results; but if there is *tanhā*, the karma generated makes results partial and short lived, and those involved experience *dukkha*. The Art of War, like the TTC is informed by attitudes which see war as “destructive even for the victors” (Cleary 1988:5). For, mentions the TCC (Chapter 31, cf. Ni 1989a:39-40):

“Weapons are instruments of killing and destruction,
Which are contrary to the nature of life.
Thus, they are avoided by those who follow Tao
...
Only when one has no other choice
may one resort to using them,
And, if their use is necessary,
one must employ calmness and restraint,
for peace and quiet are the normal nature of life.
...

Because many people
have been caused an unnatural death in war,
It is only right that the survivors should mourn them.
Even when a victory is won,
the occasion should be regarded as lamentable.”

Then again:

“Even after settling a great dispute,
some resentment is likely to remain.
Can this be considered a true settlement?
Only by cultivating the virtue of wholeness
and returning injury with kindness
can there be true harmony.
Therefore, the integral being always gives
without expecting gratitude” (TTC Chapter 79, cf. Ni 1989a:95).

Turning to Western contexts, Machiavelli’s writings on statecraft may cause misunderstandings. However, Crick (1970:36) argues that “*The Art of War* repeats or assumes every essential proposition of both *The Prince* and *The Discourses* - for the art of war is an extension of the whole social condition of a society.” Taking a sentimental view and interpreting Machiavelli’s comments and advice as draconian may seem justifiable; since little reference is made to compassion and viewing long-term subtle (karmic) effects. Yet, given the condition of modern-day society and people’s attitudes, the means promoted might be efficacious. The implication is that physical violence is a manifestation of violent thoughts, and without transcending the latter, one is left with strategies dealing with the former. Thus the onus is on the individual, in the same way that considering the “one man/person” below as oneself, can be *The Art of War*:

“It may happen that a myriad people suffer because of the evil of one man. In such a case, myriad people are saved by killing one man. Would this not be a true example of ‘the sword that kills is the sword that gives life’?... ”

“It is bias to think that the art of war is just for killing people. It is not to kill people it is to kill evil. It is a strategy to give life to many people by killing the evil of one person” (Munenori 1993:65-68).

Depersonalising the “opponent” and seeing it as a “dark-force” any being living in *avijjā* can fall prey to helps develop compassion. It also points to the significance of Buddhism’s teaching of non-self, the saying “one is one’s own worst enemy” (the elusive “opponent within”) and the realisation that by developing *paññā* one can work out one’s own salvation (Thittila 1986:12). Therefore “the only conquest that brings peace and happiness is self-conquest” and, according to the Buddha, “One may conquer millions in battle, but he who conquers himself, only one, is the greatest of conquerors” (Rahula 1998:86). Seeing how one’s mind reacts to perceived obstacles “within” and “without” may promote an understanding of the futile nature of forceful/violent

resistance (which frequently reflects tensions “within” individuals, as psychological studies show). However, as water finds the path of least resistance, yet shapes landscapes, human actions which adopt (Dharmically) “socialistic” insights following *sīladhamma* may be the most effective resistance, or agent of change for collective benefit.

7.8 AGENTS OF CHANGE IN WIDER SOCIAL CONTEXTS

“In conflict situations, nonviolence is the desired end as well as the means to achieve it. The Buddhist approach to conflict resolution requires concentration and the practice of mindfulness. When we make nonviolence a part of our daily lives, we water the seeds of a nonviolent society” (Sulak 1992:92).

Issues of collective karma (Section 2.14) and the relationship between individuals and groups shed light on how what applies to individuals may apply to societies and even nations. Ruhula (1998:87) argues that hatred and evil may be appeased by love and kindness, and that:

“People are hypnotized, psychologically puzzled, blinded and deceived by the political and propaganda usage of such terms as ‘national’, ‘international’, or ‘state’. What is a nation but a vast conglomeration of individuals? A nation or a states does not act, it is the individual who acts. What the individual thinks and does is what the nation or states thinks and does. What is applicable to the individual is applicable to the nation or the state.”

Rahula (ibid:87-88) then describes how “Asoka, the great Buddhist emperor of India (3rd century B.C.)” having initially used violent means to develop the empire inherited from his father, was later “transformed by the Buddha’s teaching”, and “publicly turned his back on war and violence.” This example, in which “peace throughout the land” resulted from embracing the “message of peace and non-violence” (ibid:88), is from centuries ago; however, people selflessly working to help others have faith in similar principles. Non-violent actions *and* non-violent thoughts, whether used in social regulation or attempting to bring about social change through protest, offer an alternative to “karmically-laden” situations where self-interest is aggressively promoted.

During late-July 2000 two radically different forms of protest received significant coverage in the Thai media. Rather than the cases being studied in detail, they are used as examples of resistance, possible karmic repercussions and effects on integral health; moreover, responses such incidents generated are considered. Citations from the Bangkok Post are included, but other newspapers, both Thai and English language, reveal similar reporting.

One of the incidents involved protests to stop the controversial Pak Moon Dam development project, which was threatening to cause landlessness and environmental problems, and involved hunger strikers. Their essential message, as conveyed by one of the leaders, Sa-ing Tawaisin (Figure 42), an illiterate mother and grassroots activist from Northeast Thailand, was non-violence, even regarding projecting negative thoughts to opponents (the government). Mrs. Sa-ing, whose activism began in 1990, reportedly responded to past conflicts which “often led to the use of force and violent retaliation” by “stepping in” with her “negotiating skills” to end what she saw as “confrontation which was leading nowhere” (Post, 28 July 2000a). Furthermore, she was quoted as saying:

“I see it [the protest fast] as merit making... Fasting helps me spiritually. And hopefully it'll help the public understand the suffering of the poor. We've tried almost everything else. It seems there's nothing we can turn to now. But we villagers still have faith in the power of religion. This is our last resort” (ibid.).

The other incident involved protests against the Thai-Malaysian gas pipeline project, when “angry opponents” of the project tried to break into a municipal hall where a public hearing on the project was in session. Security measures had been taken, with some 700 police officers prepared to quell potential rioting between several thousand supporters and opponents of the project. Violence ensued (Figure 43) and the hearing was halted (Post, 30 July 2000). Public opinion was not unanimous as to who was right or wrong, and this is not the essential issue, for here the *means* are relevant. Nevertheless, sentiments reflecting non-violent messages came forth. For instance, it was noted that “[s]urely there are better ways of showing... disapproval of policies besides barricading roads and inconveniencing innocent drivers... [and] better methods of protest besides breaking into Government House. Protesters should keep in mind that aggressive action rarely leads to public sympathy” (Post, 31 July 2000). Dr. Chaiwat Satha-anan, an academic and “peace advocate”, was cited as saying that public responses to non-violent appeals to compassion (contrasted with force driven by people’s “dark nature”), whether contempt, indifference, approval or sympathy, “...will reflect where we stand spiritually... My question is what kind of society do we want to live in” (Post, 28 July 2000b). Regarding hunger strikes, he added that Mahatma Gandhi’s “iron rule” was compassion, such that “[t]he ones who fast and the ones who did wrong must have positive feelings for each other. If not, the fasting or hunger strike will not work” (ibid.).

PAK MOON PROTEST

Fasting woman prays hard for public understanding

Isan mother a veteran of the fight for justice

SANITSUDA EKACHAI

Praying and meditating in a makeshift shelter in front of Government House, Sa-ing Tawalsin's lips were getting dry but her eyes showed steady determination yesterday. She was in her second day of a protest fast — an appeal for public understanding for the plight of the poor.

"I see it as my merit-making," she said quietly. "Fasting helps me spiritually. And hopefully, it'll help the public understand the suffering of the poor."

"We've tried almost everything else. It seems there's nothing we can turn to now. But we villagers still have faith in the power of religion. This is our last resort."

The illiterate Isan mother, 46, with sun-drenched face and tousled hair may be a nobody to the public of Bangkok. But her longstanding struggle for her home village's land rights in Roi-et has made her one of Thailand's top grassroots leaders.

Women's groups, in particular, highly admire Mrs Sa-ing's dedication and negotiating skills, which highlight the significant role of women in the people's movements.

Her grassroots activism started in 1990 when her village in Dong Mae Ped forest in Roi-et was threatened by the military's mass resettlement scheme, which was aborted after mass peasant protests.

Dong Mae Ped people's hold on their land was threatened again when the Forestry Department wanted to evict them and turn the area into commercial eucalyptus tree farms to serve paper factories.

These conflicts often led to the use of force and violent retaliation. That was when Mrs Sa-ing stepped in.

"I wanted to end confrontation which was leading nowhere," she recalled.

Mrs Sa-ing was also earnest in starting forest conservation programmes and promoting ecological farming, to show that the villagers can play a significant role in conserving the environment.

The authorities finally agreed to let the Dong Mae Ped villagers stay on their land — at least for now.

The Dong Mae Ped struggle is one of many land rights conflicts caused by draconian forestry management which bows to commercial interests but refuses to recognise popular participation or community rights.



Sa-ing Tawalsin sits with other hunger strikers at Government House.
— SAKIT MEKSOPTHAWANNAKUL

managed to avoid it, but some of her friends became his victims. So she taught him a lesson by teaming up with or hurt women. Society also gives men more opportunities in life.

"Even when it comes to identity

Figure 42. Non-violent protest (Bangkok Post, 28 July 2000).

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WANNYKUK POST

SUNDAY, JULY 30, 2000 • 20 BAHT

THAI-MALAYSIAN GAS PIPELINE

Clash sparks hearing fiasco

**Angry supporters
rush at opponents**

Ploechote Atthakul
Vichayant Boonchote
Hui Yan

A public hearing on the Thai-Malaysian gas pipeline project collapsed yesterday amid tense confrontation, which led to a brief clash between supporters and opponents of the scheme.

The conflict took place after the hearing's cancellation was announced in the afternoon by Gen Charan Kullavanijaya, chairman of the hearing committee. Angry supporters rushed at the activists, attacking them with stones and poles which had been sharpened at one end. Many activists suffered bruises but there were no serious injuries.

Police managed to separate both parties and ensured the situation did not get out of control. No arrests were made.

Gen Charan said he had to stop the hearing for fear it might trigger violence between the two groups. He could not say when the hearing would resume.

"We are not scrapping the hearing. We have to work out a more appropriate way of hearing the opinions of local people."

"This method simply doesn't work," he said. He denounced the project's



Angry opponents of the Thai-Malaysian gas pipeline try to break into the municipal hall where a public hearing was underway yesterday. The attack said forced the hearing to be cancelled. — TANKYCHAI KESGUNANERD

the activists. When they failed to convince the chairman, the students turned to academics who were on the committee as advisers, and asked them to leave the hall. None of the academics responded.

The activists then sang a marching song while the chairman ignored them and tried to proceed with the hearing despite the interruptions.

Gen Charan abruptly closed the meeting when the rest of the opponents who were protesting outside the hall attempted to break into the room, prompting police to shut the entrance. The opponents shouted in anger and banged on the door with chains.

Songkhla Governor Banyat Chansinsri said, "Security plans had been laid out but we allowed the protesters into the municipal hall because we did not want to create further pressure."

"Had we prevented them, there would have been even more violence." At 3pm the authorities asked both parties to leave the premises.

Aphat Boonkumkarn, president of Trans-Thai-Malaysia (Thailand), expressed frustration over the incident. "I don't know what to do after this or when there will be another hearing," he said.

Committee adviser Parinya Nutsai said a conventional public hearing may not be helpful under the circumstances.

She said that in order to break the

Figure 43. Violent protest (Bangkok Post, 30 July 2000).

Considering results of the aforementioned protests, at the time of writing both projects are going ahead. In fact there has been a significant reduction in media coverage of the projects and suggestions have been circulating that the PM, Dr. Thaksin Chinawatra, has banned talk of them. Government involvement of this nature and political wranglings occurring in Thailand are known as major causes of social problems, and in Section 7.10 references are made to their role in healthcare reform.

Thus far effective resistance views circumstances from an integral perspective, including many factors, which allow fasting and other non-violent protests, and those adopting maliciously-charged force and aggression, to be seen in contexts of efficacy. Therefore, even if many “revenge killings” occur between “...rival political and commercial interest groups... very often it is the outspoken critic of vested interests and malpractices who is killed” (Turton 1984:58). Such critics include hospital doctors speaking out against how modern pharmaceuticals are flooding the Thai market and how powerful interests stifle potential improvements in medical services. Of particular relevance is the *paññā* and strategic insight to see *where*, *when* and *how* non-violent protests may be employed to bring about desired (*chanda*-based) results. Therefore, fasting or dialogue may be useless if appropriate conditions for them to convey effective messages are absent, although the *cetanā* behind them may accord with collective good, and, unlike violent protests, will not involve karmic repercussions.

Scott (1985) points out the significance of “everyday forms of resistance”, rather than rebellions and revolutions, as methods by which peasants defend their interests. In these scenarios individual acts, “reinforced by a venerable popular culture of resistance”, are multiplied many thousand times over until they may cause havoc among those in power; and to understand such “class conflict” a “shared worldview” is arguably needed (ibid:xvii). Scott (ibid:43) further suggests that “...neither intentions nor acts are ‘unmoved movers’. Acts born of intentions circle back, as it were, to influence consciousness and hence subsequent intentions and acts.” Here is reference to cycles of the world, yet according to Buddhism the intention/*cetanā* of which is spoken drives karma, which in turn causes *dukkha*. Thus resistance, without (higher) forms of consciousness that *realise* non-violent means, may never attain more than partial solutions. Moreover, without a shared worldview that recognises *mettā-karunā*, *sīladhamma* and interdependence as integral aspects of harmonious human existence, egocentrism is the order of the day, and, indeed “an eye for an eye makes the world go blind”.

Again reference is made to apparently “ideal” situations, yet informants who promote non-violent and *paññā*-driven behaviour feel that this can bring about improvement from current conditions, and prevent setting in motion much negative karma. The average Thai may not be very aware of such ideas; but, I was told, especially by education reformers like Dr. Jumsai*, these can be more comprehensively taught if people become more aware of their benefits and, through insight, see their practical and far-reaching usefulness. Here a mutually-reinforcing process could effectively prevent social problems, and I met several people in education, often at university level, who had faith in similar theories and practices to those prevailing at SSS.

Ajarn Preecha Boonsritan, a CMU religious studies lecturer, having spent 17 years in the monkhood, told me that most people associate karma with things they cannot influence or solve (e.g. accidents, disasters and other misfortunes) (23 August 2000). He said that this perspective on karma is like fearfully seeing an omnipotent God as a separate entity from oneself, thus taking away individual agency in shaping one’s life by realising how *cetanā*, karma and results of actions are interdependent. Furthermore, it means people cannot realise that their actions are related to those of others, and that the aggregate of all individual actions leads to collective karma, and societal trends and incidents that return to shape all individuals’ lives. Ajarn Preecha said that, although the best form of social action is to change oneself, working in small groups with a personalised nature can also be effective. He suggests meetings and training sessions to develop understanding of Dharma, especially *mettā-karunā*, morality and co-operation with others. As for preventing individual and social problems, he feels meditation should be taught to schoolchildren more; for when they are older (like the Buddha, who, once committed to extinguishing *dukkha*, thought back to his childhood meditation practice) they will be more mindful of their thoughts and actions.

Ajarn Preecha thinks that often children’s parents doubt their children’s ability to meditate, considering the children’s restlessness a sign that meditation is not appropriate, despite children themselves generally being less sceptical or resistant. The observation of benefits from meditation at a young age is supported by experiences at SSS, where children’s behaviour arguably reflects their training in meditation, though the school ethos cannot be ignored. One of Ajarn Preecha’s students, aged twenty, an active proponent of meditation and involved in student groups that do social work, said that she feels the Thai government often ignores preventive measures (23 July 2000).

She noted that only now that Thailand faces serious problems related to drug-taking (especially amphetamines) in schools are monks, such as Luang-phor Kamkieng (a well-known meditation teacher), being called upon to promote and teach meditation in schools. However, she added that if problems were not so obvious, the meditation teachers would not be asked to help, despite the fact that they consider meditation and cultivating mindfulness integral aspects of daily living and fundamental ways of *preventing* problems.

Another lecturer, Associate Professor Orawan Pilunowad from Chulalongkorn University, suggested that the therapeutic benefits of meditation are seriously under-utilised in Thailand (20 September 1999). She proposes meditation be taught in all schools, but the lack of commitment lies mostly with schoolteachers. In fact she feels that, although the Education Ministry prescribes textbooks on Buddhism for all primary and secondary schools, her research (Orawan 1999), from interviewing schoolchildren, reveals that teachers mostly skip chapters on meditation and some do not even know how to teach them. Assoc. Prof. Orawan, influenced by Phra Dhammapitaka's teachings, and like others who understand Buddhism's potential contribution to integral health (especially for realising self-reliance), suggests that only through *paññā* can self-centredness diminish and virtues of giving to society be inculcated. She does not propose using force in promoting Dharma, but recognises that opportunities for those with knowledge to transfer it to those without should be generated within the formal education system. The same is true for healthcare.

7.9 A NEW ERA OF MEDICINE: INDIVIDUALS, ENERGY AND COMMODITISATION

Knowledge, strategies and skills that can destroy often can also heal, and this is why many martial artists are also able healers. Therefore, although healing and "...martial arts may be a world apart in ordinary usage... they are parallel in several senses... both involve strategy in dealing with disharmony... and... in both knowledge of the problem is key to the solution" (Cleary 1993:1). Specifically in healing, knowledge of differentiation is needed to identify problems, but understanding of integration and access to holistic perspectives are also prerequisites for effective healing that prevents recurrences. Dossey (1999:8) proposes that a new era of medicine, Era III, is dawning, whose hallmark is "nonlocal mind"; this can:

“...act not just *locally* on one’s own body, as in Era II, but also *nonlocally* on distant things, events and people, even though they may be unaware that they are being influenced.

“There are those who resist Era III... [Despite] scientific evidence, these people cling to a more familiar and mechanistic, materialistic view. They ‘know’ that consciousness is local, that it stays put in the brain, in the body, and in the present moment. But just as mind-body medicine - which also aroused profound suspicion - has now gained popular acceptance, so, too, will nonlocal mind become critical to our understanding of healing ourselves and one another.”

Dossey refers to three eras of biomedicine. Era I, with its “mechanical, material or physical medicine” and determinism, began in the mid-1800s, based on Newton’s laws of matter and energy and a Cartesian view of the universe. Its contributions are “vaccines and antibiotics, but also... less spectacular measures, such as public health interventions and lifestyle modifications”, and with drugs, surgery and radiation these continue to dominate biomedical practice (ibid:20).

Era II’s mind-body medicine took shape after World War II; yet, despite recognition of the mind’s causal powers and psychosomatic diseases, mind or consciousness tends to be equated with the brain’s physiology and chemistry. Thus, Era II includes Era I’s approach, and goes beyond it by accepting effects of the mind. For instance psychological counselling and stress management are used with chemotherapy and medications. Therefore, Era II deals with individuals, so that a certain person’s body is affected by their state of mind, and the “principle of individualizing”, that Foucault (1991:144) proposes appeared in late-eighteenth century Europe, arguably still holds. Born out of discipline, he (ibid:144) argues, a “medically useful space” was created, which “tended to individualize bodies, diseases, symptoms, lives and deaths”.

Era III’s nonlocal medicine does not accept such limitations, seeing “mind” as unbounded or “...not completely localized to points in space (brains or bodies) or time (present moment or single lifetime)... thus [it] is ultimately unitary or one” (Dossey 1999:19). Moreover, just as Era II did not replace but “reinvented” and expanded Era I’s scope, Era III is set to do likewise with Era II (ibid:166). Dossey (ibid:25) notes that “[m]any studies reveal that healing can be achieved at a distance by directing loving and compassionate thoughts, intentions, and prayers to others”, which makes “health and illness a collective affair”, meaning “no one’s illness is purely an individual matter”. Nevertheless, the greatest contribution to realising this might be that it points to what nondual mystical traditions teach: we can transcend *dukkha* because we are not limited to our (individual) *attā* or body-mind aggregates. Consequently, “[a]lthough our bodies die, the timeless part of our consciousness lives on. Era III provides a cure... for the ‘disease’ that has caused more suffering for more people than any other... fear of death”

(ibid:25). As for the “Golden Rule of Era III”, it is simply: “Do unto others as you would have them do unto you” (ibid:31). Therefore, ethical implications are significant, for nonlocal mind “...can be used not only to help others but also to harm them” (ibid:153).

In Thailand Era I and Era II medicine still dominate mainstream healthcare and, like elsewhere, are “a legitimate part of scientific medicine” (ibid:166). However, I suggest that signs show that Era III medicine is becoming more popular among biomedical practitioners, while this is nothing new to traditional healers. Dr. Teerakiet* said that the main problem with many arguments attempting to increase awareness of higher states of consciousness, and TTM’s theories and practices, is that they are not scientific enough for mainstream acceptance (9 September 2000).

He proposes that to successfully integrate them into the prevailing healthcare system and beneficially affect people, the language of science should be adopted. This implies employing systematic methods, using common elements to generate common understanding, and recognising causes-and-effects, and the three strands (injunctive, apprehensive and communal) of knowledge validation (Section 3.9). He feels that a major problem with the way most people (such as biomedical practitioners or lay-people) approach health is excessive dependence on overgeneralization, which is not scientific.

This overgeneralization (the nomothetic approach of identifying universal⁹⁷ characteristics, as opposed to the ideographic approach that studies people as unique individuals) considers individual cases, but generally treats them in a standard manner, informed by theories based on documented previous cases and replicability. Such an approach, on average, performs relatively successfully, by being able to control certain conditions and functions and predict outcomes within a particular range of accuracy. However, it works well principally in curative terms with organic diseases in laboratories, or other regulated environments, and this is indeed Era I medicine’s strength.

Considering the mind, and other factors (e.g. lifestyle, diet and environment), and extinguishing *dukkha* and preventing it re-arising, one sees another story. Such details, if ignored, may lead to overgeneralization and reduced effectiveness in promoting health. Therefore, one can work on the body, patch it up, replace parts, or give it stimulants to prolong life and increase sensory pleasure; yet the *quality* of life, from an integral perspective, would not necessarily improve. In fact, without working

⁹⁷ Universality here applies to “surface structures”, rather than “deep structures” (Section 1.2).

on the higher holons of mind and spirit, greater concern with and attachment to the body and the senses, given *Patticasamuppāda*, will cause greater *dukkha*. Here Sumano Bhikkhu's* view of science being that which is at "the frontier of knowledge" (17 August 2000) is relevant, because it can expel old beliefs which hinder the development of consciousness. Sumano Bhikkhu* feels that effective healing is imbued with the spirit of scientific inquiry and seeks to purify the body, and *especially* the mind. Without changing the mind and attitudes that influence behaviour, he considers most healing, including chemotherapy, limited.

Dr. Teerakiet* feels that, whatever the level of (consciousness) development, the best should be given for that level, though one should point to higher levels and encourage people to aspire to them. Thus, on the physical level adequate housing and food should be made available, while on the mythic level, such as when teaching children how to deal with fear of ghosts, the best myth should be given. He thinks that it is useless telling children ghosts do not exist, for unless others around them stop talking about ghosts they will not accept that; so the best way is to teach children that by sending out *mettā* ghosts will not harm them. Later, when the rational mind develops, children can be taught in a more comprehensive manner that may not negate the existence of ghosts, but contextualises them in a wider spectrum of consciousness development. At the rational level, in turn, people can be taught how to perform well in cognitive tasks; but at higher levels, which lead to transpersonal awareness and deal with transcending paradoxes in *sammūti-sacca*, higher knowledge or *paññā* is necessary.

Dr. Art-ong*, also keen to employ a scientific approach to increasing awareness of spiritual development, as long ago as 1967 conducted experiments at Chulalongkorn University to prove that the energy of thoughts can be transmitted between people (Art-ong 1997a:108-110). His findings, including results from experiments with plants, show how non-violence is fundamental for integral health; since when people project negative thoughts about others, all parties suffer, sometimes getting severe headaches and feeling nauseous almost immediately.

Ajarn Prasart* explained how he had once advised the parents of a youth addicted to drugs to talk to their son during his sleep, and gently tell him how everyone would benefit if he ended his addiction (2 February 2000). Ajarn Prasart* said that within a week the youth had changed and that family problem had been resolved. He then encouraged me to do an experiment at SSS with three students at a time, blindfolding one, asking another to write a number from 0-9 on the board and asking a

third to use her/his mind to “tell” the blindfolded student what the number was. I carried out the experiment; this was similar to “telepathy experiments” Dr. Art-ong* conducted with university students under laboratory conditions, finding an average of 20% correct answers, and certain students getting a “remarkable” 70-80% correct answers, instead of 10% according to chance (ibid:109).

Though my findings could not appear independently in an academic paper, it would not have taken a genius to notice a statistically-significant variation from a random situation (10%), since 30-35% of one hundred-plus experiments yielded correct answers. Moreover, the twelve students in the experiment did not appear to be surprised at the findings, and some of them were confident that they actually felt *palang-jit* being transferred.

Evidence of “nonlocality” ranges from 1,250 mendicants gathering, from afar and without prior arrangement, at the place the Buddha was nine months after his Enlightenment⁹⁸, to “synchronistic” phenomena recorded by Rhine, Pauli and Jung (Jung 1991:109, 1977:248) and laboratory research with healers in China and Japan (Yuasa 1993). Rather than analysing the significance of these findings *per se*, how such matters are affecting healthcare services in Thailand today are examined. Few biomedical practitioners I spent time with were particularly open to using *palang-jit* or psychic healing energy as a valid form of therapy, though they suggested that in the past practitioners of “evidence-based” biomedicine would have been even less open. This is despite the fact that, as described above, when the King was unwell people across Thailand used *palang-jit* in sending him healing energy.

Traditional healers offer therapies where patients are healed by *khāthā* (Section 4.10) which suggests their minds, albeit helped by *khāthā*, are active in healing others. This, age-old technique, though shunned by some, is arguably so ingrained in the “Thai psyche”, that even if mainstream biomedicine views it sceptically, at NITTM it is recognised as an important part of TTM, which most Thais have faith in. In fact standard TTM texts (on which exams are based) refer to the significance of the mind in healing (MoPH n.d.a:23-27, n.d.c:14 and n.d.d:4), and healers adopting an ethical code for them to be effective (Wat Pho 1961a:142-160).

Concerning modern developments, healing *palang-jit* has arguably become increasingly popular, though mainly among urban-dwellers of middle socio-economic status. Two systems using such energy are Reiki and Universal Energy (UE). Reiki arguably goes back to the Buddha’s time, but only spread world-wide from when it was

⁹⁸ Celebrated to this day as Magha-Puja in the middle of the third lunar month.

formalised in Japan in the early-twentieth century (Stein 1995:8-15). In Thailand it is recent, and when I first found out about it and got involved with Reiki healers in Bangkok in March 1995, there were only a handful in the whole country, existing in a small, relatively tight network. Reiki has become more popular, but it remains principally a healing art attracting expatriates rather than Thais.

UE, founded by the “first master” in Sri Lanka in the early-twentieth century and reaching Thailand only recently, involves mainly Thais. I did not spend much time studying UE and related healing practices, though in Chiang Mai and Chiang Rai I met several university lecturers actively healing using this technique. Both Reiki and UE depend on unlimited sources of energy existing in the universe that can be “channelled” by those “empowered” or who have undergone specific training for healing purposes. Reiki and UE discuss chakras and often combine Western anatomical knowledge with Eastern holistic practices; moreover, with UE, the symbolism used even seeks to incorporate a biomedical image (Figure 44).

To learn both systems (aside UE introductory courses) costs more than several weeks’ worth of minimum wage earnings. The pricing systems are not necessarily fixed and are supposedly needed to reflect the value of what is learnt, since if it were free it might be considered of little consequence. While there may be truth in these principles and healing is often done for free, there is the risk that such healing contributes to turning spirituality into a commodity. In fact Reiki and UE could be seen as part of a New Age trend from outside Thailand, mainly involving relatively educated city people. Essentially the principles are similar to TTM, as found in its various guises across Thailand; nevertheless, by adopting scientific terms and sounding “new” there is potential scope for people to gain income and status (by being more “spiritual”).

In Thailand, as elsewhere, people (especially the more wealthy) are willing to spend much money on things that make them feel good, and narcissistically pamper their *attā*. In fact consumer mentalities (Chapter 3) make it possible to commoditize anything for personal gain when *avijjā* and *tanhā* exist. The controversial Dhammakaya Buddhist sect, with \$1.9 billion in assets and “...streamlined fund-raising techniques - including glossy brochures and telemarketing” acts as a prime example, as it is “commercializing Buddhism” (Time, 28 June 1999). Social critic Dr, Chirmsak Pinthong, of Thammasat University, was cited as saying about the sect’s leader, Dhammachayo: “He can sell any product he likes, but he should not use the brand name of the Buddha. This is not fair competition” (ibid.).



Figure 44. UE: tradition and modernity in healing.



Figure 45. Free UE healing at Wat U Mong, Chiang Mai. Energy being channelled from healer (facing the camera) to those unwell.

The whole issue of health and well-being, and the way media images make people aspire to them, is such that Thais often go out of their way and expend much, effort, time and money to get rid of illnesses/diseases. To see how the government is trying to regulate healthcare services and develop them to integrate TTM and biomedicine at low cost, and to benefit as many people as possible, healthcare reform and self-reliance are now considered.

7.10 HEALTHCARE REFORM: POSSIBILITIES FOR INTEGRATION AND DEVELOPMENT

During the last few months of fieldwork, judging by conferences, media reports and the latest writings and discussions involving academics, MoPH officials and healthcare workers, there was increasing talk about Thailand entering a new era of medicine. The catchwords, were not “nonlocal mind”, nor “holistic healing”, though similar concepts were being used; but what was and continues to be lauded as Thai healthcare’s “Holy Grail” is “*patirūp rabob-borikān sukhaphāp*”⁹⁹, healthcare reform. Another related phrase commonly used with the aim of improving the system is “*kān pheung ton-eng*”, self-reliance. Here recent documents and writings on these topics, particularly by Dr. Prawet* (1999 and 2000) and Professor Jarat Suwanawera, MD (2000), two influential figures called upon by the MoPH to help implement reform are used, as well as my own research findings.

On 3 May 2000, with Princess Royal Maha-Chakkri Sirindhorn present, the MoPH Office for Healthcare Reform was inaugurated to spearhead the implementation of the national healthcare reform movement (Prawet 2000:36). Dr. Prawet* (1999) argues that the existing system is not cost-effective (much is spent, little is achieved), while the basic aim of development, or what all people want, is improved quality of life and lasting happiness (without *dukkha*). Considering the national healthcare budget and the current state of individual and societal health, Dr. Prawet* suggests that we are approaching a crisis and only healthcare reform will prevent it. A preventive medicine system and healthcare reform mean reduced expenditures, and services available to all. Furthermore, by using “appropriate technology” and encouraging awareness of integral health, self-reliance can be “optimised”, while an understanding of the significance of balance¹⁰⁰ and the need for *mettā-karunā* can generate cyclical, mutually-reinforcing activity that leads to health.

⁹⁹ Literally, “reform of the system of healthcare services”.

¹⁰⁰ Compared with imbalance that causes individual and societal illness/disease.

Balance between TTM's four *dhātu*, or TCM's five elements and yin and yang, as well as recognition of the cyclical activity of phenomena's arising, form part of holistic pictures. Nevertheless, a theoretical picture does not imply one that is adopted in practice, and this is where the Buddhist teaching of developing *sati-sampajañña* (mindfulness-awareness) is crucial. Main informants emphasise considering life holistically, with all beings somehow connected, and remaining aware of one's thoughts and actions (and their karmic consequences) to not harm oneself, those around one and wider social and ecological environments. Ajarn Prasart*, with experience and openness to new ideas and modern scientific developments (Section 6.9) often discusses how we should accept the present moment and live it mindfully, with *paññā* and *mettā-karunā*, to prevent disease/illness. However, he adds, we must be self-reliant, for we are responsible for what we think and do.

Self-reliance in contexts of Thai healthcare often denotes a desired state where individuals and members of local communities¹⁰¹ can live with a degree of control over their lives in a relatively sustainable manner and without excessive dependence on others. Interpretations may differ about how self-reliance of this nature, or development in wider contexts, may be achieved; but at the core of any action there arguably must be awareness. To develop such awareness and see things holistically, the mind should be considered when teaching those with less *paññā* and more influenced by *avijjā*. Thus, Dr. Prawet*, like others trying to encourage self-reliance, in his writings and public addresses stresses basic issues of spirituality common to Buddhism and other religions. He (2000:18-19) states that religion/spirituality is fundamental in promoting health, since it teaches how to transcend *dukkha*, allow all people to live together without exploitation and see benefits of spiritual development, which in Buddhism amounts to the Eightfold Noble Path. He (ibid:4) also cites the WHO declaration: "Health is complete physical mental, social and spiritual wellbeing", and adds that only through "self-transcendence", self-sacrifice and spiritual development can real happiness and harmony exist. Otherwise, mental health will deteriorate, due to selfishness and lack of peace in families and communities.

When I last spoke with Dr. Prawet*, after he gave a keynote address at a seminar on healthcare reform for faculty of medicine members from Thammasat and Khon Kaen Universities, he said he was optimistic about the new healthcare reform programme (4 September 2000). However, essential to achieving success is what he calls "*sām-liem*

¹⁰¹ Especially villages in rural areas, where over half the population lives and employment opportunities are most lacking.

ka-yēūn phū-khao” (a mountain-moving triangle), acting as a “*khong sāng*” (framework/structure) to replace the corrupt old system characterised by selfish interest groups, including politicians and pharmaceutical companies (Prawet 1999 and 2000). The triangle is a simple representation of something far more complex, but suggests how a holistic system of networks forged within and between the following can be used to resolve problems and work towards effective change:

1. “*kān tham-ngān sāng kwām-rū*” [(academic) work to create knowledge]
2. “*kān khlēūam-wai thāng sangkhom*” [movement(s) in society]
3. “*kān chēūm-tō gap thāng-mēūang*” [connection(s) with politics] (Prawet 2000:32).

These seemingly abstract terms, and understanding their interconnected significance, may require detailed analysis and hermeneutical elucidation. Though this intellectual use of concepts might fulfil academic criteria and achieve awareness of *sammuti-sacca*, it cannot go beyond discussions of knowledge within *meditatio*, transcend attachment to karmic duality, or extinguish *dukkha*. Consequently, Buddhadasa (n.d.) argues the cleverer one becomes, especially in looking for ways to fulfil (materialistic) *tanhā*, the more *dukkha* arises. To understand *paramattha-sacca* with *contemplatio*, what is “suggested” (thus alluding to the significance of experiential knowledge and practice) in classic mystical texts like the TTC is not an accumulation of worldly knowledge, but less “thinking” and more “doing” and “actually being”. This is the essence of Buddhadasa’s teaching of “*jīṭ-wāṅ*” (empty-void mind)¹⁰², and his message to socially active, worldly-involved lay-people, which Jackson (1988:201) suggests is used to “...render all human activity, including mundane material work, suffering-free.”

A commonly-used Thai phrase said to people confronting mental tension is “*yā khit māḥ*” [“don’t think (too) much”], otherwise one risks wearing the mind-body out. Therefore, Dr. Prawet’s* ideal “triangle” is one where the first element of the “structure”, knowledge, which he sees as the most significant yet the most difficult, is clearly made accessible to the general public. For without knowledge (that emphasises improving integral health), “movements in society” (e.g. various group meetings, seminars, discussions, and all forms of media and social trends) will not go in the direction where *dukkha* is diminished, but rather “*thāng ēūn*” [other (worldly) ways] (Prawet 2000:32). If they go the “right way” though, they can serve to develop links between the knowledge of academics and politicians, where laws are made, national

¹⁰² Where “doing” and “being” occur without attachment to an *attā* (Section 2.9).

budgets are determined, state resources are allocated and, especially, education reform can be implemented.

Considering strategies, Dr. Prawet* (ibid:32), after emphasising mental and spiritual health, highlights the importance of “self-care” and how this can help reduce medical costs and improve the general quality of life. He suggests more research be directed specifically to answering questions of *how* people can take better care of themselves, for this would reduce their financial burdens and their collective burden on hospitals around Thailand. With less stress on curative measures, Dr Prawet* feels that people can learn more about effective prevention and work together in home care (especially for sick and disabled people) and community care (e.g. accepting people with HIV/AIDS). Furthermore, he (ibid:23-24) suggests that biomedical practitioners should be more open to alternative and complementary forms of healing, in particular learning more about TTM; so that Thailand can be more like China and India in integrating their traditional medical systems with biomedicine.

The MoPH (1999)¹⁰³, specifically targets self-reliance, encouraging greater community involvement to develop sustainable healthcare, by means of MoPH officials, community healthcare volunteers and people with indigenous healing knowledge working together. Therefore, traditional healing knowledge and techniques may arguably be combined with modern ones (ibid:18). Moreover, to allow healthcare workers to determine the weak points of healthcare development in their community, they should share a common picture of the general development process and recognise that community problems cannot be tackled by only one government department or group of people (ibid:2). To resolve these problems, the MoPH (1999) suggests healthcare workers adopt a format, based on five qualitative indicators (related to: human resources, funding, management, the process and transmission of knowledge and local people themselves) to evaluate existing self-reliance.

This evaluation process may lead to a large database, but one director of a government healthcare centre, interested in instilling self-reliance and with whom I visited different communities and healthcare projects in Chiang Rai province, was not particularly optimistic that it would significantly influence the average person. This might be because the MoPH in its official booklet adopts a standard social science approach without reference to spiritual health and getting to the core of effecting attitude changes. To achieve this, Dr. Prawet* (2000) and Professor Jarat (2000) spend

¹⁰³ A booklet distributed to healthcare centres across Thailand.

much time considering such issues before discussing how self-reliance may be developed¹⁰⁴.

Professor Jarat (2000) feels that to prevent disease/illness people should change their lifestyles, not only *vis-à-vis* diet and physical exercise, but by considering health more holistically and with longer-term perspectives; this, he says, may be new for biomedicine, yet has always been stressed in TTM. He (ibid:23) suggests that healthcare has become commercialised, largely depending on market mechanisms, despite knowledge of their imperfections, and this is why people should consider ethical matters as fundamental. Furthermore, he (ibid:33) feels that, only by recognising internal (self-healing) energy (the balance that is key to TTM), integral connections between phenomena and the mind's crucial role, can healthcare reform strategies be effective. Professor Jarat proposes seven strategies, starting with increasing people's general understanding of health to achieve more holistic perspectives and peaceful interaction between humans, as well as between humans and animal and vegetable life. This implies non-violence and no exploitation, otherwise *dukkha* and disease/illness are bound to arise (ibid:35). The other strategies are:

- Developing *sammāditthi* to avoid waste, excessive drug use, surgery and expensive technology.
- Changing the government's role so that healthcare planning and policy is better-suited to national rather than just MoPH interests.
- Improving healthcare services to be updated with changing times and have better co-ordination between government and private services, with due accountability above mere responsibility.
- Establishing and promoting socially-oriented institutes and organisations with more active healthcare roles.
- Adjusting the healthcare financing system to reduce dependence on government funding and encourage self-reliance through endowment funds.
- Improving healthcare services through education which emphasises teamwork, morality, medical ethics and treating people as human beings based on seeing collective benefit as the primary objective (ibid:37-59).

¹⁰⁴ In books published since the MoPH Office for Healthcare Reform was established, therefore showing the possibility of an approach with greater emphasis on integrating Dharma into daily life.

In conclusion, Professor Jarat suggests that these strategies may be effective only with the adoption of a new perspective, more even distribution of power, greater emphasis on responsibility and, most of all, an actual adjustment in the way people practice (go about) their work. Moreover, by helping others, especially underprivileged people, *bun* can be attained and all can benefit; but this is only possible if people are aware of such *paññā* and can maintain it as a realisable objective in their minds (ibid:60).

Dr. Thara (1998:64-65) (Section 4.11), emphasising developing complementary medicine (in Thailand, TTM) and integrating it into the national healthcare system, recommends that "...the concept of integrative medicine should be introduced in the medical and paramedical curriculum" and policy-makers should actively promote it. Again these are arguably well-formulated ideas, potentially able to effect positive change; but the greatest challenge may be influencing people to put them into practice. A Chulalongkorn University graduate (and TCC student of Dr. Suvinai* for over seven years, with respect for Dr. Prawet*) interested in meditation and complementary medicine, suggested: Thailand has great thinkers, with great ideas/theories, yet they are not implemented and thus problems are not resolved (7 April 2001). This echoes what many informants feel; whether backed by psychological-sociological analysis of the impact of health-related dialogues and policies on the Thai population at large, contemplative insight into *dukkha*, or just dissatisfaction with the government and current era. Therefore, since discussions, analyses, theories and *dukkha* itself are all experienced in the mind; solutions, if they exist (arguably a matter of faith, *paññā* and *vicarā*), must exist in individual minds that influence thoughts and actions and the collective mind(s) where "schools of thought" and theories are produced.

According to Dr. Prawet* (1994:110) "[t]he crisis the world now faces is related to poverty, environment, cultural and spiritual matters, politics, government systems and education", and he emphasises Buddhadasa's teachings as ways to overcome the crisis. He (ibid:109) also states:

"When Acharn Buddhadasa founded Suan Mokkh¹⁰⁵ in 1932 he talked of the coming crisis when no one else did. Now 50 to 60 years on, the crisis is here - rampant violence, environmental destruction and global tension. The crisis he pointed out, arose because of... [*micchāditti*] and the social structure of violence."

Buddhadasa's teachings, like Phra Dhammapitaka's, are viewed by many as especially valuable because they apply Dharma to current-day pressures, while not

¹⁰⁵ A renowned temple in Southern Thailand.

finding antagonism with the investigative and even sceptical spirit of modern scientific inquiry. Not only does Dr. Prawet* favourably refer to Buddhadasa's contribution to teaching Thais and others about effective ways to extinguish *dukkha*, Ajarn Sulak*, who calls Buddhadasa "our great teacher" (1994), does likewise, as do Dr. Teerakiet*, Ajarn Prasart* and several others. This does not imply that Buddhadasa's teachings are *paramattha-sacca*, since this cannot be attained in the conceptual terms in which teachings are generally conveyed. However, the teachings themselves accord to the *Kālāma Sutta*¹⁰⁶, and in a "scientific world, such as today's" people can "accept gladly" such principles (Buddhadasa 1999:5-12). Buddhadasa (ibid:5-12) argues that no "contradiction" exists "between the principles of science and those of the *Kālāma Sutta*", adding that, its universal applicability means that "[m]ore than ever the modern world needs the *Kālāma Sutta* as its basic operating principle". However, "[t]he *Kālāma Sutta* requires us to have wisdom before having faith... [Or] [i]f one wants to have faith come first, then let it be faith which begins with wisdom, not faith which comes from ignorance" (ibid:8).

Buddhadasa (ibid:12) argues: "The world is spinning fast with the defilements of humanity. It is shrinking due to better transportation and communications. And it is about to self-destruct because proper awareness, intelligence, and wisdom are lacking." To overcome this problem, Sumano Bhikkha* suggests that one must effectively "let go" of attachment to concepts (particularly *micchāditthi*, but ultimately even *sammāditthi*) and "stop the world" and fears of the Kali Yuga. When I last met Buddhadasa (11 September 1992), ten months before his death, he said that the most important thing in life is mind control or being mindful of everything one does. This, he proposed, is the "art of life", and added that developing meditative awareness can lead to the greatest health and happiness. In healthcare, like other areas concerned with improving human conditions and reducing *dukkha*, the mind and its attributes, including what Aurobindo (1993) calls the "spiritualised mind" and the "Supermind", and what Dossey (1999) calls "nonlocal mind", deserves more attention. This was recognised as fundamental by the more holistically-oriented biomedical practitioners and traditional healers I studied; and concluding this thesis, how "modern" and "traditional" knowledge may be integrated to contribute to healthcare reform is considered.

¹⁰⁶ Which encourages one to open-mindedly "consider, investigate and test" (Section 3.6).

CHAPTER 8

CONCLUSION

A number of conclusions at various levels can be arrived at from the research findings that precede this chapter. In empirical terms, as perceived by *cogitatio*, over the years Thailand has experienced significant changes with regard to the health of its population and its state of material development. The country has become more urbanised and industrialised, economic growth has progressed and continuously new forms of technology create opportunities for greater levels of production and consumption.

Nevertheless, there is a risk of “technology abuse”, for instance with poorly-suited and expensive imported healthcare products and vaccines that often serve only particular interest groups (e.g. large pharmaceutical companies), are not cost-effective and are sometimes even dangerous (Prawet 2000:26). Additionally, certain informants propose that people, families and local communities have become less self-reliant in dealing with their healthcare needs and have had to depend more on government services, which have expanded more than private ones in recent years.

During the period 1994-1998 healthcare expenditure as a proportion of GDP steadily increased from 3.53-3.84%, while pressure on government hospitals has augmented and in the National Health Accounting system long-term prospects are unfavourable due to the lack of a comprehensive framework for statistical analysis (HRSI August 2000b). Following the 1997 financial/economic crisis and the flotation of the Baht the government permitted a 28% increase in drug prices, but problems within the Government Pharmaceutical Organisation have meant that a special budget provided for rural hospitals has been misused, with overcharging and other irregularities (Post, 11 June 2000a). Moreover, in the wider sphere of development regarding equitably and sustainably satisfying key factors for the population at large (such as basic needs), progress may not be so easily gauged, as Chapter 3 proposes.

With changes in lifestyle related to diet, work, leisure activities, etc. and environmental/ecological changes, as well as advances in biomedicine, certain

illnesses/diseases, especially communicable diseases, have become less significant, though others (e.g. HIV/AIDS and “diseases of civilisation”) have increased in their prevalence and impact. Therefore biomedicine has generally become more effective in realising cures for many conditions previously seen as relatively incurable due to the effectiveness of a reductionist approach in biological terms; while in certain other areas, especially concerning cancers and many degenerative conditions, it appears to be unable to offer effective cures.

Despite the aforementioned comments many people in Thailand, from lay members of the public to apparently well-informed biomedical practitioners, have considerable faith in this form of medicine that is (empirically) “evidence based”. This is largely because it “formulates sickness in strikingly materialist terms” (Good 1994:67) and thus it operates on the level of phenomena that is most easily perceived - that of the senses. On a higher (psycho-somatic) level this might also reflect placebo effects resulting from shared belief in modern science (cf. Riley 1977:556), but the energies behind placebos, whether operating consciously or unconsciously, effectively function under any circumstances where there is faith. Consequently there are variations in effectiveness of cure based on several factors, including individual psychological ones, which cannot be controlled by biomedicine’s tools; while, independent of curative measures, using placebo energies to work on effecting behavioural changes may lead to greater preventive measures and lasting results.

In addition the evidence shows that, although there have been significant advances, there still remains considerable inequality in terms of access to healthcare¹⁰⁷, and ultimately under certain circumstances which may affect any individual there is no guaranteed cure, however skilled the practitioners or advanced the technology and methods. Beyond incomprehensible karmic factors, the reason for this is arguably that on the level of psycho-physiological energy, or *chi*, as such little is consensually accepted or understood, and the same might be said with regard to more subtle transpersonal energies that go beyond the individual, as examined in Chapter 7. This is why main informants stress the significance of transcending *tanhā* to gain greater awareness of subtle energies and become self-reliant in dealing with one’s own health and trying to help others do likewise in a mutually-beneficial learning process. Education may help achieve such conditions if it encourages a more-comprehensive

¹⁰⁷ Moreover, as a proportion of income spent on healthcare the poor spend some 3.4 times more than the rich, receive poorer quality services and, due to limited financial means, often must revert to being responsible for their own healthcare needs, despite inadequate ability to cope (HSRI June 2000:3-4).

paradigm including “higher” forms of knowledge and *paññā* to maintain an integral perspective.

Certain similar conclusions to the above might be drawn concerning TTM, though developments in this field might appear less spectacular, as many of the healing methods have remained relatively unchanged for hundreds of years. Regarding empirical data, with traditional healers rates of success also exist, for instance bone-setters at the Phayamengrai District Hospital whose successes have caught the attention of members of the more mainstream medical establishment, though as such there is little in terms of comprehensive and statistically-significant data. Moreover, even the most gifted healers cannot boast immaculate success ratios, though cure may not necessarily be the only measure of success, as acceptance of circumstances with greater equanimity might be deemed a positive result.

Relative to biomedicine, in TTM the effects of energy (e.g. *phalang-jit* and the energy of *khāthā*) tend to be more commonly recognised and regularly used in therapy, although a high degree of secrecy still surrounds certain healers and their practices. This might promote placebo effects if patients have faith in their healers, or it might hide the fact that such healers themselves do not necessarily understand the processes at work in contributing to sickness and health. The apparently growing number of “charlatans” and the commercialisation of TTM in many forms, in particular expensive herbal remedies, shows that accountability and openness along with comprehensive explanations would be best for TTM in the long-run. The same could be said for biomedicine where language and medical jargon might alienate patients and mystify the healing process (Helman 1994:139-140).

In Thailand it is often the case, especially with less-educated rural patients, that people have less understanding of what biomedical practitioners say about disease/illness than traditional healers who might use “supernatural” terminology and concepts. However, the difference could be that the formers’ comments are frequently open to the scrutiny of other practitioners and should fall within the parameters of a common healing framework, while the latter may at times effectively “get away with” talking “nonsense” without needing to justify explanations to anyone. If patients are cured it may not matter, but often they are neither cured nor empowered in being better able to look after themselves with regard to maintaining health. This is why a more demythologised approach to Buddhism, spirituality and healing, as promoted by several informants (in which patients are taught about their health in a more holistic manner), would mean that *avijjā* and sickness can be reduced.

Though seeming like a visionary projection, such approaches are being adopted by individuals and groups in healing and education “on the ground” in Thailand. Often part of partially-connected networks, it is difficult to determine what proportion of the population is influenced by these people, to what extent their activities are distributed spatially and how much impact they actually have. Nevertheless, I suggest that there are greater opportunities for growth than ever before, and even if what may spread as a theoretical message may not be put into practice, there may come a time when conditions for germination are fulfilled.

Regarding developments *vis-à-vis* “revitalising” TTM, integrating it more into mainstream healthcare and generating more therapeutic alternatives, the Thai government, particularly through the NITTM and indirectly through the Office for Healthcare Reform appears relatively committed to bringing about changes that should benefit TTM and the population at large. In Thailand general trends, as proposed by policy initiatives and the comments of informants, indicate greater attention to knowledge, its categorisation and its use for various purposes, whether for the benefit of others or personal gain. I suggest, though, that there is the risk that such developments, in particular by rationalising concepts, adopting greater somatic reductionism (Section 4.11) and possibly contributing to a homogenisation of methods of therapy, the “spirit” of healing may suffer. This is seen by the way in which the government has recently selected only five of some 4,000 herbs registered as traditional Thai medicines as worthy of being placed on the National Essential List of Drugs, thus “on par” with modern medicines (Post, 11 June 2000b).

The government understands that biomedical practitioners generally favour prescribing modern medicine over herbs due to “quick results” and “kickbacks in the ordering process”, and advises them to be “more open-minded” about herbs to save funds; however, it proposes monitoring the herbs “in a manner similar to that implemented on modern medicine” (*ibid.*). In what appears to be a very gradual process of accepting herbs, many traditional healers have been unable to continue producing them, such that over the period 1988-1997 the number of producers fell from 707-546, much as a result of regulations preventing production without government approval (KKT, 24 April 2000). This may be considered an essential process in guaranteeing quality, but it may be producing effects that exclude mainly small-scale producers, including people with considerable expertise.

It may also be the case that the quality of general practice might deteriorate if financial and status concerns dominate, irrespective of efforts to increase the number of

practitioners who possess qualifications after passing standardised exams. This could lead to greater inequality, with access to healthcare services dependent on monetary factors, and may be a result of an imbalance in social relationships which do not accord to the four *Brahmavihāra*. Jarat (2000:26-27) suggests that, though other countries may take advantage of Thai indigenous knowledge, Thais, by adopting *paññā* and working compassionately within ethical guidelines, may offer medical services at a high level of quality that will be able to generate income and help compete against other countries. A sound legal and moral framework is necessary here to ensure “give-and-take” and mutual benefit in social relations, while in the actual practice of healing, relationships between entities and energies are significant.

Without losing sight of their “spirit”, considering theories of elements in many Asian traditional medicine systems, they are apparently based on understandings that balance is the foundation of health. Yet much of such traditional medicine, like much of biomedicine, arguably does not adopt a balanced view in terms of integral health. This implies recognising the significance of dynamic processes and the fact that in holarchic terms the physical body is at a low level (the empirical realm of the senses). This is to be transcended by higher levels, namely those incorporated in the rational realm of the mind and ultimately the contemplative realm of spirit, for truly effective healing to occur.

Regarding TCM, certain critics note that recently, and probably in the past, healers have focused mainly on the physical body, with relative neglect of “psychotherapy” and the mind in general, detracting from holistically looking at “psychological and social aspects of illness” (Capra 1983:348-349). In China, dealing with the mind and spirituality and getting to root causes of disease/illness has been the domain of religion and mysticism rather than medicine.

Such criticism has generally not been levelled at TTM¹⁰⁸, but some informants draw attention to it. This is often the case with regard to dynamic balance among the four *dhātus*. Many traditional healers are in principle aware of balance, and may be successful in their work; however, they often do not provide consistent explanations of how balance among *dhātu* is achieved, nor do they focus on the mind and spiritual issues. These limitations may be weak-points working against TTM practitioners, and TTM itself, as it is promoted as a valuable alternative or complement to biomedicine;

¹⁰⁸ At least in mainstream writings I have come across and those suggested by academics in Thailand and the UK.

for TTM, unlike biomedicine, does not function well with a reductionist approach, being more holistically oriented and dependent on the art of synthesis.

On the whole, many monks studied are more familiar with viewing the four *dhātu* dynamically, such that they represent various conditions/energies, characterising relative solidity, cohesion, motion and temperature, rather than representing tangible aspects of *din*, *nām*, *lom* and *fai* (Pongthep n.d.). Nevertheless, in official TTM textbooks and teaching situations this dynamism is generally not explicitly stressed and frequently not even mentioned, something which may have been taken for granted in the past but nowadays may need to be “spelt out”, given a more-rational approach to education. Added to this, the language and layout of old TTM textbooks (especially Wat Pho 1961a and 1961b), still considered useful for passing official exams, are effectively outdated and often the cause of misunderstandings. To reduce such problems Dr. Pennapa* and others have attempted to “modernise” the classification and dissemination of TTM by organising and publishing books and leaflets on TTM more in-keeping with recent trends and with greater use of contemporary terms, colour, clearer format and adopt modern publishing techniques.

Dr. Pennapa* (1994a) explains the *dhātu* more comprehensively than “classic texts”, according to several TTM healers and students. Furthermore, she adopts a more rational¹⁰⁹ approach to promoting good health and peace of mind in a way that should make new generations more interested in Dharma and better able to understand the importance of mental states and spirituality in managing one’s life and relationships with others.

Traditional healers in general welcome certain modern developments which allow them and their healing arts to be more widely and formally accepted, but it is still early days to say whether there is any overall consensus with regard to specific therapeutic techniques, given particular illnesses/diseases. It is possible that with more-organic ailments, such as those related to the tangible body and its functioning, and dealt with by massage, hot compression, herbs, bone-setting, etc., TTM will refine its techniques and some sort of standardisation may occur. Nevertheless, when considering therapies that deal with the mind, the many more subtle variations between individuals means that standardisation could be more detrimental than beneficial. It is here where traditional healers, monks and more “enlightened” biomedical practitioners see “eye-to-eye”, and it is only psychologists and psychiatrists who reduce mental processes to chemical ones that might feel less comfortable with a more “subjective” approach.

¹⁰⁹ Encompassing not only analysis but also synthesis, thus rational in a broader sense.

Buddhadasa (1999:64-65) suggests that “we must... practice looking at the subjective side, the mind”, rather than seeing things “objectively”, which he says “...strictly speaking, refers to the condition that appears when we observe or experience from the perspective of purely physical things, the things that are acted upon.” By “actively” recognising “the value of looking within”, considering the mind or “the doer”, one can “become the master”, instead of being “a slave and servant of objects” by seeing things “passively” (ibid:65). This could apply to individuals seeking to be in greater control of their own health, or healthcare practitioners working on how to relate to the minds and behaviour of patients. It may also point to the merits of adopting aspects of both biomedicine and TTM when dealing with various ailments, and the fact that in order to do this a more-integral perspective is appropriate.

Lock (1980:33-34), who states that in the “East Asian medical model... [h]olistic thinking rather than linear relationships is constantly stressed”, suggests that Japanese doctors combine Eastern and Western medical techniques effectively and are acknowledged by the official healthcare system. Capra (1983:350) argues that such doctors, who pay attention to patients’ “subjective feelings” in diagnosis and prognosis, generally work effectively in East Asian societies; because “[e]ven in modern scientific Japan the value of subjective experience is strongly acknowledged, and subjective knowledge is considered as valuable as rational deductive thinking.”

I propose that such definitive conclusions cannot be drawn about healthcare, practitioners and the general population in Thailand. Moreover, the aforementioned comments were likely to have been stimulated by dissatisfaction with comparable medical situations in the West in the 1970s and 1980s, and in the new millennium complementary and alternative medicine has become relatively widespread and accepted in the West. Thus, comparing Thailand to other countries, within currents of globalisation, can lead to various interpretations which shed light on circumstances in the countries compared. In Thailand, the focus of this thesis, there are considerable variations concerning what kind of knowledge people value, though I argue that, apart from certain “alternative” fields of education, rational deductive thinking generally appears to be promoted and favoured more than integrative holistic thinking.

Nevertheless, discourses and practices of many people involved in healing point to a picture in which both forms of thinking and an integral approach to health *are* valued. The extent to which they are *effectively* used depends on “subjective experiences” of those benefiting from such healthcare, be it physical or mental therapy,

or therapy dealing with social health (in relations with those beyond the *attā*) or spirituality (where *dukkha* is faced at its root).

As the level of formal education of healers, like all other Thais, increases various possibilities are open and tentative conclusions may be drawn. Currently many healers, particularly ones with lower levels of formal education, are simply uninterested or unable (or both) to articulate their ideas and participate in academic discourses that might facilitate the transmission of knowledge and healing techniques.

With greater cognitive ability and more developed (left-brain) analytical thinking, as promoted by mainstream modes of schooling, healers could adopt a more “scientific” approach to their arts, effectively marrying the two. This would recognise the benefit of a balanced approach to managing and governing healing activities, as could be done in wider arenas of healthcare and development, for:

“Science may benefit from analytical thinking, but management and government are based on the art of synthesis. With the results of Western, analytically derived technologies now being freely available, Eastern cultures could start putting these technologies into practice using their own superior synthetic abilities” (Hofstede 1994:172).

A purely rational approach may not recognise the relevance of collective exigencies and is a major criticism levelled at the modern education system by main informants and those who promote the “alternative” modes of schooling discussed in Chapter 6, in which (right-brain) integrative thinking is encouraged to balance analytical thinking. The NITTM seeks to systematise and standardise the body of traditional healing knowledge by undertaking multidisciplinary research employing both quantitative and qualitative approaches (NITTM 1996a:17). However, I suggest that care should be taken over promoting specific conceptual frameworks and methodologies due to cultural, environmental and seasonal variations across Thailand and the significance of the spiritual side of healing which cannot be reduced to concepts in a standard academic manner.

What is needed is a “common ground” that allows integration of the frameworks/models used in and across Thailand, and recognition of higher levels of consciousness, where differences in “surface structures” become less significant. I propose that in combining “traditional” and “modern” terms and ideas to develop a broad and holistic conceptual framework and deal with empirical science, as well as more abstract principles and techniques of TTM and Buddhism, certain healthcare practitioners are effectively integrating “modern” and “traditional” knowledge and practices. This is being done on the level of individuals, but also among loosely-

structured communities of practitioners; and to allow for flexibility within such systems rough guidelines and self-regulation may be the best mechanisms to enable greater self-reliance and effective healthcare.

It is difficult to state the extent to which existing cases of integration as covered in the thesis are having an integral health-promoting impact on the population at large, given current concerns with quantitative indicators inadequate to gauge integral health. Such health is better understood by acknowledging that dynamic processes exist in nature, and the degree to which this is being taught may be the crucial issue; since this might promote integral health more than other factors. Realisation and knowledge of how harmonious balance in physical, mental, societal and spiritual terms may be achieved is arguably the “common ground” where people can be taught effectively how to be more involved in their own healthcare and that of those around them.

Main informants generally do not see inconsistencies in adopting *both* “modern” scientific knowledge, teachings on empirically-oriented observation of manifest phenomena and findings from modern psychology, *and* contemplative knowledge or *paññā*, with its “traditional”/timeless nondual “message”. The ability to understand how such integration is possible and how to experience awareness that promotes integral health may depend on karma and the related accumulation of *bun*. Nevertheless, progress may be achieved by self-reliant study and practice, help from fellow practitioners and/or *paññā*-based mystical devotional practices working more with “other-power”, since all these methods essentially teach that “individual self/*attā*” versus “all others” dualisms should be dissolved.

Keyes (1977:287-288)¹¹⁰ mentions that positive karma (*bun*), though “limited strictly to certain ritual contexts” may be “shared with or transferred to others”, despite it running “counter to a fully logical understanding of karmic theory”. He (ibid:287-288) notes that “this conception... finds sanction in the scriptures themselves” and is found:

“...in all Theravada Buddhist societies, [where] there are rare individuals who... are believed to have vast reservoirs of merit accumulated in past lives, which can be translated into the improvement of this-worldly conditions of those who are linked with them.”

Such individuals, invariably monks or other *men* with “extraordinary powers” (ibid:289) may help improve “this-worldly conditions” of their followers, but this says little about transcending dualisms of seeing things as “this/other-worldly”. Although I

¹¹⁰ Cf. Spiro 1970:124-128.

met people who through belief/faith/knowledge said that people (*not* necessarily men) exist who can divert karma of others, it ultimately only acts as “manipulation” of karma, which returns later (when individuals are readier to handle it). What remains, practically-speaking, is the vast majority, whose main access to healthcare and other messages depends on media and people they interact with, including various healthcare practitioners. Most also have access to contemplating mystical teachings, increasingly available in popular bookshops, which should be done in the “laboratory” of one’s own mind (Wilber 1991:82). Opportunities may exist for commercialising spirituality and taking advantage of credulous people seeking “saviours”; however, there also exist cautions, like Buddhadasa’s (Section 7.10), which encourage the application of *vicarā* and warn against mere belief and blindly following others.

A look at healthcare “providers” reveals that there are monks, traditional healers and other people who resist “modern” medical theories and practices across-the-board, while biomedical practitioners who view “traditional” medicine unfavourably, exhibit similar resistance. Yet in Thailand people in these categories, *and* others (e.g. nuns, nurses, teachers, academics and policy-makers) are confident that integrating “traditional” and “modern” ways can most effectively prevent and extinguish *dukkha*, on all levels (physical, mental, societal or spiritual). In the last analysis, both have benefits and limitations; but when viewed with *paññā* and insight into *Ti-Lakkhana* and the four *Brahmavihāra*, those who practice may achieve health, harmony and balance. According to Buddhism, and other nondual teachings, ultimately the mind that sees one-*and*-all is to transcend dualities and the karmic cycles of the world.

GLOSSARY

Words that reoccur in the thesis are listed below, otherwise the English translation is given when they appear in the text.

(P) indicates a Pali term, (T) indicates a Thai term.

<i>acinteyya</i> (P)	beyond normal comprehension, conceptually unattainable
<i>ākāra</i> (T)	ether element
<i>attā</i> (P)	ego-self, feeling of individuality
<i>avijjā</i> (P)	ignorance/delusion
<i>bhava-tanhā</i> (P)	desire for existence and becoming
<i>Brahmavihāra</i> (P)	(the four) noble sentiments, principles of virtuous existence (<i>mettā</i> , <i>karunā</i> , <i>muditā</i> and <i>upekkhā</i> , Section 3.9)
<i>bun</i> (T)	merit
<i>cetanā</i> (P)(T)	volition/intent
<i>chanda</i> (P)	<i>paññā</i> -based desire for well-being applicable to problem-solving
<i>Dhammaniyāma</i> (P)	Dharmic Law, universal natural law of cause-and-effect
<i>dhātu</i> (P)	the four) elements (<i>din</i> , <i>nām</i> , <i>lom</i> and <i>fai</i>)
<i>din</i> (T)	earth element
<i>dukkha</i> (P)	suffering, unsatisfying, unsustainable
<i>fai</i> (T)	fire element
<i>gai</i> (T)	body
<i>jhāna</i> (P)	meditative absorption
<i>jit</i> (T)	mind
<i>jit-wāng</i> (T)	the empty/void mind that does not cling to or identify with egotistical sensations of “me” and “mine”
<i>jit-wiññān</i> (T)	spirit
<i>kāma-tanhā</i> (P)	desire for sense-pleasures
<i>kammaniyāma</i> (P)	karmic or moral laws
<i>karunā</i> (P)(T)	compassion
<i>khandha</i> (P)	(the five) aggregates of existence (Section 1.3)
<i>khāthā</i> (T)	mantra, incantation
<i>lokiya-sukka</i> (P)	worldly happiness
<i>lokuttara</i> (P)	the transcendent world
<i>lokuttara-sukha</i> (P)	transcendent happiness
<i>lom</i> (T)	wind element
<i>Majjhimā-Patipadā</i> (P)	The Middle Way, or Noble Eightfold Path (Section 2.4)
<i>mettā</i> (P)(T)	loving-kindness
<i>mettā-karunā</i> (P)(T)	loving kindness-compassion
<i>micchāditthi</i> (P)	wrong or false view/belief
<i>muditā</i> (P)	sympathetic-altruistic joy
<i>nām</i> (T)	water element
<i>nām-mon</i> (T)	sacred/holy water
<i>paññā</i> (P)(T)	wisdom

<i>paramattha-sacca</i> (P)	ultimate truth/reality
<i>Patticasamuppāda</i> (P)	Dependent Origination (Section 2.13)
<i>phalang-jit</i> (T)	psychic power/energy
<i>phēt phēn-borān</i> (T)	ancient/traditional medicine
<i>phēt phēn-pachuban</i> (T)	modern medicine, biomedicine
<i>phēt phēn-thai</i> (T)	Thai medicine, TTM
<i>phēt phēn-bān</i> (T)	local community medicine
<i>phī-pret</i> (T)	hungry ghosts
<i>rōk-jit</i> (T)	psychosis
<i>rōk-prasāt</i> (T)	neurosis
<i>saiyasārt</i> (T)	(black) magic
<i>Samanera</i> (P)	novice monk
<i>sammāditthi</i> (P)	Right View/Understanding
<i>sammuti-sacca</i> (P)	conventional truth/reality
<i>Sangha</i> (P)	the community of Buddhist monks, religious order
<i>sīladhamma</i> (P)	morality of the natural order supporting the good of the whole
<i>suññata</i> (P)	voidness/emptiness
<i>tanhā</i> (P)	(selfish) desire, thirst, hunger, craving
<i>thamma-ōsot</i> (T)	Dharma medicine
<i>Ti-Lakkhana</i> (P)	The Three (universal) Characteristics of Existence (impermanence, <i>dukkha</i> and not-self)
<i>upekkhā</i> (P)	equanimity, neutrality, poise
<i>vibhava-tanhā</i> (P)	desire for non-existence
<i>vicarā</i> (P)	discrimination using <i>Majjhimā-Patipadā</i> , sustained application, discursive thinking
<i>virīya</i> (P)	energy

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